

CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

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Emson is third Boots man on RPSGB Council

*Flu vaccine supply
tenders sought in NI*

*Morning-after Pill
supply gets support
from branch reps*

*Source in court battle
to keep script data*

*BGMA suggests
radical option to
generic substitution*



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CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

VOLUME 251 No 6189 139th YEAR OF PUBLICATION ISSN 0009-3033

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COMMENT

The search for realistic new ways to reimburse community pharmacists for their NHS services – still principally those of supply – is in danger of being overtaken by events. Contractors in Northern Ireland are incensed over an announcement that the supply of flu vaccines is to be put out to competitive tender to save money (p5). And at a conference last week on 'Prescribing Excellence in the NHS' Dr Michael Dixon, chairman of the NHS Primary Care Alliance, told a high powered audience that the bulk purchase of drugs is something that primary care groups – with their newly discovered budgetary prudence – are likely to pursue. The message is clear: established chains of supply are going to be upset. Predicting how they might evolve, especially when primary care trusts appear, is fraught with unknowns. Contractors as a group are unlikely (regrettably) to muster sufficient co-operative spirit to win any tenders in a competitive market. The advantage is with those who can offer economies of scale. NHS Suppliers, wholesalers or the vertically integrated chains could be major players. But then there are only certain product groups, such as vaccines and dressings, where bulk purchase might be feasible. The ridiculous differentials between what the hospital service pays compared to Drug Tariff prices will certainly come under scrutiny. There is more to this, though, than just the bottom line cost to one part of the Health Service. There are issues relating to the community pharmacy network and public access to self-medication, the true cost of medicines distribution in primary care and a whole lot more. 'What has happened to joined up government?' is a question the ABPI has been asking recently when faced with the prospect of a NICE evaluation of new drugs (see p33). It's a question that downstream parts of the health supply chain might also soon be asking.

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Boots superintendent (right) Digby Emson is the only new face on the Society's Council

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© Miller Freeman UK Ltd. 1999
Chemist & Druggist incorporating Retail Chemist, Pharmacy Update and Beauty Counter

Published Saturdays by Miller Freeman UK Ltd, Sovereign Way, Tonbridge, Kent TN9 1RW
Telephone: 01732 364422
Fax: 01732 361534
E-Mail: chemdrug@dalpharmacy.com
Internet site: <http://www.dalpharmacy.com/>

Subscriptions Home £133 per annum
Overseas & Eire: \$314 per annum including postage
£2.50 per copy (postage extra)
Additional Price List £75 per annum

Circulation and subscription Marlowe House, 109 Station Road, Sidcup, Kent DA15 7ET
Tel: 0181 309 7000

Refunds on cancelled subscriptions will only be provided at the publisher's discretion, unless specifically guaranteed within the terms of subscription offer

The editorial photos used are courtesy of the suppliers whose products they feature

Miller Freeman
A United News & Media publication
ABC
BUSINESS PRESS

Front cover picture courtesy of Stiefel Laboratories for Oilatum

Asda suppliers warned to check order terms

Medicines suppliers to Asda have been warned to check the basis of any order should Asda make any unusually large one.

Community Pharmacy Action Group chairman David Sharpe said on Monday: "It would be a benefit to all manufacturers that if a large order disparate to their ordinary orders is placed, they get an undertaking from Asda that it will not undercut the price."

Mr Sharpe issued the warning following Asda's latest law-breaking attempt to end resale price maintenance. The company finally received an injunction from Stafford-Miller, preventing it from under-pricing Setlers, seven days after it had first done so (C&D May 15, p5).

Stafford-Miller announced on Monday that it was pleased that "the status quo has been restored by the courts and that prices of its Setlers range have been returned to their RPM level within the agreed 48 hours. Asda has also been precluded from dropping the prices of any other of Stafford-Miller's Products".

However, Asda healthcare manager Paula Kennedy responded: "By taking a week to issue this injunction, Stafford-Miller clearly thought long and hard about putting shoppers before profits ... The days of price fixing are numbered and it's high time drug companies stopped giving shoppers a pain in the pocket."

Mr Sharpe condemned Asda for its unlawful actions as being "irresponsible and driven by self-interest".

"Underneath the hype, Asda's agenda is clear. The company wants to increase its market share and strip the High Street of its competitors - whatever the cost to the local community. The removal of the expertise in local pharmacies would mean that GPs would come under much greater pressure costing the NHS millions of pounds."

Devolved cabinets announce health appointments

The cabinets for the new Scottish Parliament and Welsh Assemblies have been announced.

Susan Deacon, MSP for Edinburgh East and Musselburgh, has been appointed to the Scottish Cabinet as minister for health and community care, while her counterpart in Wales, responsible for health and social services, is Jane Hutt.

Emson top of Council poll

Boots pharmacy superintendent Digby Emson has come first in the Royal Pharmaceutical Society's Council election.

Mr Emson, who was appointed to the post last year, joins his predecessor Marshall Davies and Boots colleague Ted Smith. He is the only new face on Council.

Hemant Patel, currently president of the Society, was second to be elected to council. Christine Glover, who resigned from Council in protest over the election of the president in May 1998, has been voted back on, as has Gill Hawksworth, who failed to be re-elected last year. Vice-president David Allen, Pat Hoare and Alan Nathan have also been returned.

Of 42,272 voting papers issued, 8,280 envelopes were returned, of which 8,221 contained valid ballot papers. The return rate of just over 19 per cent, is down on previous years - last year saw just over 23 per cent, the year before was almost 25 per cent.

For the election of auditors, Ian Caldwell has joined John Balmford,



Digby Emson

Mervyn Madge, Richard Clitherow and Brian Wills, displacing Roger Phillips.

Using the single transferable vote, the original quota for election was 1,027.63 votes. Mr Emson had a first preference vote of 1,227, six more than Mr Patel. Mrs Glover had 1,074 first preference votes, Mrs Hawksworth 910, Mr Allen 716, Mrs Hoare 497 and Mr Nathan 406.

Pharmacist promotes role at open day

A pharmacist co-opted by a primary care group board has been involved in holding an open day to promote the PCG to the locality.

Michael Lennox, manager of Boots in Witham, Essex, has been working with the PCG, which also covers Braintree and Halstead, for six months to develop a basic formulary.

At the open day to promote the PCG to the public, the pharmacy was represented on one of 30 stands and used a

range of poster boards from the Royal Pharmaceutical Society explaining the role of the pharmacist.

Mr Lennox has worked with the Local Pharmaceutical Committee and has had some help from Boots in setting up the stand. However, Mr Lennox singled out LPC secretary John Stanley and the PCG's lead GP Dr Richard Grew, who is "a great fan of pharmacy", said Mr Lennox.

"The event generated interest from the public and the local media. It also provided an excellent chance to raise the profile of community pharmacy among local healthcare professionals as we work together to establish the PCG," he said.

The poster boards outlining the PIANA initiative and what pharmacy

Pharmacists want prescribing role

Eighty-six per cent of pharmacists believe they should have at least limited prescribing powers confined to certain disease or therapy areas, according to a survey.

The survey of 120 pharmacists carried out by Posmark Healthcare Research found that one in five believe their influence over prescribing in relation to PCGs will be "unprecedented". Many pharmacists believe the most effective role for them in PCGs would be that of formulary adviser.

Pharmacists surveyed felt that they could have a wider role within PCGs, but their potential is being ignored. Not enough information about PCGs has been made available to pharmacists, according to the survey.

Opinion about the effects of the Government's healthcare reforms is mixed. Although many see the changes as positive, they feel that pharmacists' involvement is too limited.

Healthcare reforms will reduce the number of independent pharmacies, but possibly the remaining independents would have an increased role in primary care and an elevated status, believe those surveyed.

Half of the pharmacists questioned agreed with the statement that "NICE will control which medicines are available, but undoubtedly this will slow down the process of bringing new therapies to the market".



Pictured at the open day are Witham pharmacist Michael Lennox (left) and Essex LPC secretary John Stanley

can do for the community and other professions can be borrowed from the RPSGB.

For further details contact Anne Adams via the PIANA helpdesk on 0115 939 6465.

PCTs will not set up pharmacies

Health minister John Denham said this week that it is not his intention to encourage primary care trusts to set up pharmacies in competition with existing contractors.

In a letter to PSNC chairman Wally Dove received on May 19, Mr Denham says he has noted the strength of concern expressed about PCTs operating pharmacies.

"Since the Health Bill will give us the powers we need to issue directions to PCTs as appropriate, I do not think it is necessary - at this stage, before the first PCTs have formed - to decide whether to use those powers in the way you suggest," he writes. "However, I will keep in mind that this is an issue to which I may need to return in due course."

CPA fund-raising banquet to be held

A banquet to support the Commonwealth Pharmacists' Association is being organised by Hemant Patel. The event is to take place in central London on July 8.

Mr Patel, president of the Royal Pharmaceutical Society, is setting up a Commonwealth Support Group to increase awareness of the CPA and raise funds. He would like to hear from individuals and companies who are interested in supporting the initiative.

PSNI fees increase

Fees for membership of the Pharmaceutical Society of Northern Ireland go up on June 1.

The registration fee and retention fee for pharmacists under 65 increases from £100 to £120. The retention fee for those of retirement age goes up from £45 to £55, while the fee for pharmacists over 70 and those living outside Northern Ireland who do not practise will be £25. The penalty for default of payment goes up from £50 to £60.

The changes are made under the Pharmaceutical Society of Northern Ireland (General) (Amendment) Regulations (NI) 1999 (SI217; Stationery Office, Belfast, £1.50).

BPC Conference programme announced

Television broadcaster Nick Ross has been lined up to chair a debate on NHS rationing at this year's British Pharmaceutical Conference in Cardiff.

Other debates include manpower, dispensing assistants' training as well as new roles for pharmacists, medicines for the next millennium, and opportunities in the NHSnet. Pharmaceutical Services Negotiating

PSNC rejects first pay offer

The Pharmaceutical Services Negotiating Committee has rejected an initial remuneration offer for 1999-2000.

Chairman Wally Dove said this week that the amount offered on the global sum was inadequate. The NHS Executive had refused to accept that a substantial increase was needed to resolve the national manpower crisis, describing this as "localised problems".

PSNC was particularly disappointed at the NHSE's rejection of the productivity argument and its comment that neither the cost nor the value of the pharmaceutical service increases in line with prescription volume.

After a lengthy debate on proposals for a payment for PoD checks (£12.25 million plus inflation added to the global sum for 1999-2000), PSNC agreed at last week's meeting that this amount should go on the fee, with equalisation between contractor groups taking place when the final increase in global sum was decided. PSNC will ask the NHSE to increase the basic dispensing fee of £0.943 by 2.3p immediately.

Although PSNC could not give details of the offer, Mr Dove was able to elaborate on certain aspects:

- working capital - the NHSE has again refused to improve the 80:20 advance payment arrangements with-

out reducing the global sum for the interest cost involved. PSNC will continue to press for improvements

- greater IT investment - the NHSE said any developments would need "proper piloting"

- investment in education - the NHSE gave a commitment to continuing investment in the Centre for Pharmacy Postgraduate Education, but PSNC believes additional funding is needed to support continuing professional development.

Management pilots funding One positive aspect of the NHSE's initial offer is an indication that funding will be available for further medicine management pilots. PSNC will make a detailed bid. Coronary heart disease is likely to be selected for the pilots.

28-day prescribing PSNC is still "vigorously" pursuing a 28-day treatment period and has discussed the matter with senior policy advisers at the Downing Street Policy Unit. The feeling was that Government was only likely to consider seriously a 28-day or flexible treatment period if there was evidence of cost savings.

NHS Bill concerns The NHSE has indicated that the NHS Bill is not intended to provide for primary care trusts to run pharmacies, but PSNC is still awaiting reassurance from the minister.

NHS Direct PSNC is keen to have calls relating to medicines referred to community pharmacists and will discuss potential pharmacy involvement with Paul Jenkins, the NHS manager responsible for NHS Direct.

Form FP57 PSNC is not satisfied with an initial response from the NHSE on the new receipt and refund form FP57. As the form involves pharmacists in yet more work, PSNC is pushing strongly for an appropriate fee.

IN BRIEF

Minister agrees rural meeting

Health minister John Denham said in a Commons written answer on Monday that he was planning to meet the chairmen of the General Practitioners' Committee and the Pharmaceutical Services Negotiating Committee to discuss proposals for changes to the rural dispensing rules.

John Harris awards correction

The telephone number for the John M Harris awards given in last week's issue was incorrect. The correct number is 01203 692400.

Bro Taf LPC seeks member

Bro Taf Local Pharmaceutical Committee is looking for an employee pharmacist willing to be co-opted onto the LPC for the remaining three years of a four-year appointment. Pharmacists should have worked an average of at least one day per week throughout the past year. Contact secretary Hugh Thomas on 01656 766788 before June 5.

Hartley successor delay

The appointment of the successor to Bryon Hartley as chief pharmacist at the Department of Health has run into problems as the DaH has failed to secure an appointment of present. Jeonette Howe is covering the role in the interim while the DoH considers its next step.

Hospital technician award

Information leaflets for the AAH Hospital Service 'Hospital Technician of the Year Award 1999' will be distributed by the end of the month. The winner will be sponsored to attend the American Society of Healthcare Pharmacists' convention in Florida. Further details are available from Jennifer Antzoulis, marketing executive at AAH on 01203 432000.

Food additives rules

Regulations coming into effect on May 28 provide for additional uses of certain permitted additives in specified foods for infants and young children. The Miscellaneous Food Additives (Amendment) Regulations 1999 (SI 1136; Stationery Office £4.50) also allow one new additive, acetylated oxidised starch (E1451), to be used in weaning foods.

Parenteral Society future plans

Proposals to terminate the Parenteral Society's activities and to discuss formation of a UK chapter of the US Parenteral Drug Association were rejected at the Society's extraordinary general meeting. Counter proposals for the Society to continue as an independent body and to dissolve the management committee were carried.

PCC anger at vaccine proposals

The Pharmaceutical Contractors' Committee has objected strongly to plans that could end Northern Ireland pharmacists' role as principal suppliers of flu vaccines.

A letter sent out last Wednesday by the Health and Social Services Executive said that, with a view to obtaining value for money, the "procurement of influenza vaccine for use in autumn 1999 will be the subject of a competitive tendering exercise through the Central Services Agency Regional Supplies Service".

PCC was "angered and astonished" when the letter arrived as this was the first that the Committee was aware of the plans, said secretary Terry Hannawin on Tuesday. The same day that the letter arrived, the Central

Pharmacy Advisory Committee had a meeting with the DHSS. "Those of us who were members of the PCC withdrew in disgust in protest of the shabby treatment," added Mr Hannawin.

Over 30 pharmacists called the PCC to protest, and more are believed to have called the DHSS direct. The strength of feeling has prompted a revision of the introduction of a tendered scheme until autumn 2000, but the tendering process will still take place this summer. A new letter was being sent out this week to pharmacists and GPs explaining the change.

Pharmacists in Northern Ireland have, until now, been the main suppliers of flu vaccines to GPs. Orders are normally placed and contracts signed well in advance of the flu season. Denis

O'Hara of the HSSE's general dental and pharmaceutical services said: "We have decided to postpone for a year as pharmacists had already ordered their stocks for this year."

It is not yet clear what effect such a move may have on the global sum, nor whether any possible savings have been fully costed out. Mr Hannawin commented: "We are not sure as to what the new arrangements are going to be as we do not know how the vaccines are going to be distributed. We have asked for an opportunity to discuss matters." The PCC may be prepared to consider tendering, but this is not something that it would normally do.

He hopes that the second letter will reassure pharmacists about stock levels for this year.

Call for guidelines on counter scripts

A Royal Pharmaceutical Society committee has agreed there should be guidelines on counter prescribing for common conditions.

The Council's Practice Committee decided at this month's meeting that an outline framework for consensus guidelines should be prepared, so advice given by community pharmacists would be more consistent. The guidelines could support future POM to P changes and, perhaps, deter P to GSL changes. Other advantages would be that the guidelines could support pharmacist prescribing and contribute to the National Institute for Clinical Excellence's work on non-prescription medicines.

The Committee agreed the Society should seek tenders for development of the guidelines and that topics for the initial work should be the upper and lower gastro-intestinal tract, the respiratory tract, hay fever and pain relief. The guidelines should:

- address broad treatment areas rather than specific conditions
- be patient focused and understandable
- be flexible to allow local adaptation
- keep up to date with best practice
- be evidence-based where possible and consensus-based where evidence was not available
- be practical.

Other decisions made by the Practice Committee included:

Patient confidentiality The Society's response to the NHS Executive's consultation paper on protecting and using patient information will support the need for a cohesive and coherent national framework for confidentiality and security issues. It will strongly support a multiprofessional approach to information management. The Society would wish to be a full partner in any new national body.

Information technology A meeting of relevant parties should be convened as soon as possible to discuss the professional requirements of electronic data interchange in primary care. Ian Shepherd, head of the Society's information management and technology policy unit, said there was an urgent need to identify these requirements so potential suppliers of EDI systems could propose suitable solutions.

Walk-in centres A letter to the Department of Health will focus on how pharmacy could be involved in fast access health centres, emphasising community pharmacy's investment in patient care facilities.

Ranitidine GSL A response to the

Medicines Control Agency's consultation letter MLX252 will oppose the proposal to add ranitidine to the General Sales List, on the grounds that repeated use could mask malignancy.

Industry career boost The Education Committee is to ask the Society's director of public affairs to consider an educational public relations campaign, aimed at school children, to communicate the achievements of pharmacists in industry and academia. The Industrial Pharmacists' Group Committee had suggested there should be more emphasis on the profession's role in medicines discovery through to their delivery to the patient.

Three year plans The Education Committee adopted a vision for pharmacy education and training proposed by the education division for the next three years. The seven objectives include an evaluation of the impacts of all four-year degree courses, competency based preregistration training and assessment, and the registration exam. Another aim is for all pharmacists working in or for the NHS to be able to demonstrate their continuing professional development consistent with clinical governance.

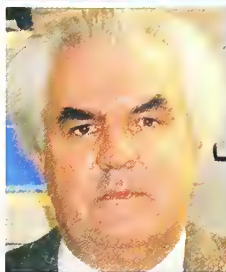
Pharmacy courses Applications for entry to pharmacy degree courses have been steady at 5,000-6,000 for the past five years.

Additions to May Drug Tariffs

Both Scottish Pharmaceutical General Council and Pharmaceutical Services Negotiating Committee have issued amendments to the May Drug Tariffs.

In England and Wales, additions to Category D Part VIII of the Drug Tariff for May are: amitriptyline tablets 10mg, 25mg; clomipramine capsules 10mg, 25mg, 50mg; sodium cromoglycate eye drops 13.5ml; tamoxifen tabs 10mg, 20mg; penicillamine tabs 250mg

For Scotland, pharmacists' endorsements on May prescriptions will be accepted on: amitriptyline tabs 25mg; aspirin tabs 300mg; codeine phosphate tabs 30mg; cotenidone tabs 100/25; diazepam tabs 5mg, 10mg; disopyramide caps 100mg; frusemide tabs 40mg; labetalol tabs 200mg; metformin tabs 500mg; metoclopramide tabs 10mg; norethisterone tabs 5mg; oxazepam tabs 30mg; oxprenolol tabs 20mg, 40mg; penicillamine tabs 125mg; pyridoxine tabs 10mg; thioridazine tabs 50mg; tolbutamide tabs 500mg; trifluoperazine tabs 5mg; vitamin B Co tablets BPC.



Andrew McCoig is a pharmacy contractor and secretary to Croydon Local Pharmaceutical Committee, and he has had enough of 'being consulted'. Here he lets off a little steam ...

Frankly, I feel that the entire consultative process is fraudulent. There is no intention to bring us on board with anything. All parties realise that the moment they ask for co-operative partnership with community pharmacists, they are going to have to find money or change our working contract.

The invitations we have responded to thus far have essentially bled us of our ideas and thoughts at zero cost. All other parties present at these meetings are either employees of some description or work in the voluntary sector and are powerless to alter the political agenda.

I have written to our NHS Executive regional office (below), in response to a letter about 'Sustaining Effective Partnership', but have had no response to date. I have no intention of spending any more of our LPC budget to attend similar fruitless meetings in the future!

Dear Madam,

Before I commit myself to yet further discussions around the partnership issue in healthcare today, I would like to set out where I believe community pharmacy finds itself and how Croydon LPC views the future.

You raise a number of questions:

What has the regional office done that has helped you so far? *Answer:* nothing. What are the main challenges facing you now in developing and sustaining HlMps, primary care investment plans and local authority plans? *Answer:* Lack of identifiable resources and commitment from commissioners/purchasers.

In Croydon and elsewhere in the country, community pharmacists have engaged in meetings and dialogue to put forward proposals and initiatives to deal with the challenges now posed by the new primary care structures taking shape in England.

This process started in earnest when the decision to reorganise the NHS under the Labour Government was taken in 1997. You will also find that community pharmacy had already put in considerable effort, under the last administration, to improve patient care through a large number of innovative pilot schemes.

I believe, at one stage, there were around 140 such projects running with health authority backing, involving pharmacists working in partnership with others to bring new services to patients and to break down the old barriers of professional interest and isolation.

Our own HA put some resources into a pharmacist domiciliary visiting scheme some years ago. Simple common sense should mean that by keeping patients in their own homes with a structured monitoring service based on partnerships with GPs and others, millions of pounds will be saved in wasted secondary care.

As from April 1 this year, Croydon HA has terminated this service. In a bitter twist of irony, Merton Sutton & Wandsworth HA has recently realised the potential value of this service. It is committing a six figure sum from June to ensure that patients at risk from poor medication management will receive a similar service from local community pharmacists – a service that Croydon has now abandoned.

The one ray of hope on our particular horizon is the current work we do in partnership with our local authority. I am grateful that this relationship is unencumbered by any interference from an NHS organisation.

Essentially, Croydon pharmacists are providing customers with a holistic health promotion service through dedicated notice board displays and matching leaflets. The topics range from welfare benefit uptake, through to smoking cessation and environmental issues, all of which impact on personal and collective health. I have just learned that we are extremely likely to receive funding for next year and to expand the service to more pharmacies.

We have not ignored the apparent opportunities for closer working with our HA and PCGs. Our stall has been laid out on numerous occasions: stakeholder meetings have been attended and written proposals submitted, particularly on HlMps.

To date, we have heard of no proposals to involve community pharmacists in any meaningful way. At the first PCG board meeting I attended last week, I was the first person at the end of the meeting to utter the words 'health improvement programme' and to seek some intentions around strategy and timing. I will not rehearse the response I received ...

Finally, I should address the invitation you have offered. Our door is, and always will be, open. You should be aware, however, that the LPC is fast approaching exhaustion on the consultative process. We have received virtually no meaningful responses from any 'commissioning purchaser' other than verbal encouragement from our director of public health who is extremely sympathetic towards pharmacy.

In simple practical terms, our LPC budget provision last year did not predict the number of meetings that needed to have pharmacy representation. As a result, I must ask you to clarify whether or not you are prepared to meet lacum and travel expenses for attendance for this project. If this is denied, should we examine that decision for our considered contribution value?

NPA Category D site

The Notional Pharmaceutical Association will be posting the latest update to Category D of the Drug Tariff on its web site by 5pm each Thursday. The site can be found at www.npa.co.uk.

Migraine helpline launched

Servier has launched a migraine freephone helpline for patients prescribed Domperamol. Domperamol's patient information leaflet contains details of the helpline. The number is 08000 566656.

Goldshield ad complaints

Three complaints to the Advertising Standards Authority against Goldshield Healthcare Direct have been upheld. The complaints were about a notional press advert asking for arthritis sufferers to take part in a free trial for a natural supplement. Complaints concerned the nature of the trial and whether the advert encouraged people to self treat the condition.

Web medicines leaflet

The Phormaceutical Group of the European Union and the Standing Committee of European Doctors have launched a joint leaflet on the dangers of obtaining medicines via the internet. It will be distributed through pharmacies and GP surgeries.

Dental respect

The public respects and trusts doctors more than dentists, a British Dental Association/Omnibus poll has found. Doctors had a 88 per cent rating, while teachers were on 81 per cent, dentists 79 per cent, solicitors 59 per cent, estate agents 21 per cent and journalists 14 per cent. Nine per cent did not respect doctors.

Chief nursing officer to retire

Yvonne Moores, chief nursing officer and director of nursing at the DoH, is to retire in November. She has been at the DoH in her present post since 1992.

PAGB issues OTC Guide

The Proprietary Association of Great Britain has issued its '1999/2000 OTC Directory - Treatments for Common Ailments'.

Cytotoxics handling study

The Health & Safety Executive is funding a study into occupational exposure to cytotoxic drugs during their preparation in hospital pharmacies. The study is part of a wider investigation into the use of isolators in hospitals.

Food safety research

Among the areas of research the Food Standards Agency will undertake in 2000/2001 is food allergies, especially peanut allergy, food safety minister Jeff Rooker announced last week.

Xrayser

Topical Reflections

One Boots initiative I can support

It's taken a while, but once more Boots is hoping to push back the horizons of community pharmacy practice with the launch of its new range of clinical pharmacy services for GPs (*C&D* May 15, p4).

I know most of these services are already being provided on a localised (and often *ad hoc*) basis by other pharmacists in many different parts of the country, but this is the first time such an offering will be systematically promoted by a single company.

Individual Boots pharmacists will now have the opportunity to promote their professional skills outside the confines of the shop, while the profile of Boots will continue to be raised in the eyes of GPs.

I am envious of the opportunities Boots pharmacists will have to expand their professional skills, and the comprehensive training schemes Boots provide to support them. I do not have the time to run my own business and also undertake formal training as a clinical pharmacist.

I can understand the attraction of such facilities. New graduates not only have a career structure, but the opportunity to develop and apply their clinical skills to structured initiatives which only exist fragmentally elsewhere.

As for the GPs, they really are not concerned about which part of the profession provides such services as long as they are cost-effective, meet their clinical requirements and are efficiently delivered.

And as long as the clinical services are offered on a commercial basis and not subsidised in a covert attempt to 'poach' prescriptions, I have no fear that this Boots initiative will undermine my business.

My advantage as an independent is that I am known to my surgery and have developed a relationship with them that goes beyond the clinically professional. The same is true for my patients who, by voting with their feet, continue to demonstrate their preference and help to build my business.

I already overtly provide, as a part of my day-to-day practice, many of the services now being formally offered



by Boots but without the preferred MSc in clinical pharmacy.

This Boots initiative is good for the profession and should raise the awareness of GPs to the quality of clinical pharmaceutical services that the pharmacists of the next millennium will be trained to deliver.

I'm packing away the pestle and mortar ...

I still take pride in being able to make up that extemporaneous prescription that other local pharmacies have said will take a week. The occasions are rare, but the patient is grateful that at last a 'real' chemist knows what he is doing!

But the fact that I am able to remember many of the old formulations and how to make them merely exposes my age rather than emphasises my ability!

However, I have now decided that I should finally stop being clever and pass the art of the extemporaneous preparation over to the experts. Eldon Laboratories, as an example of a 'specials' manufacturer, was profiled last week (*C&D* May 15, p18) and I have to say I was impressed with the science it now devotes to the 'art' of specials manufacture.

It is no longer good enough for me to know how to compound a medicine; I must also be able to guarantee its quality. I am now convinced that I should finally lay down my pestle, wipe clean the ointment slab and hang up my pallet knife except for all but the simplest of preparations, and accede to the superiority of the manufacturing industry.

In future I will concur with my colleagues and carefully explain to the patient the reason for the short delay.

There are enough mugs around already

Well, it makes a change from paying £1 for your scratch card, but then for £1 Dotty and the girls say they would expect more of a prize than a T-shirt and mug. This is what the Department of Health is paying as a carrot to counter assistants to encourage them to complete the distance learning package on point of dispensing checks.

The girls are not exactly insulted, but if the prizes had had real monetary value then they might have shown a little more enthusiasm!

Specialist care for your most sensitive customers



Your sun-sensitive customers need the best of care.

Babies, young children, fair-skinned people prone to burning (skin types 1 and 2) and those with photodermatoses are all especially at risk.

To give them the care they need, recommend E45 Sun.

Because only E45 Sun ensures maximum UVA protection balanced with UVB protection, without the potential irritation of organic chemical sunscreens or perfumes.

E45 Sun. From the people that care for sun-sensitive skin.



Maximum protection. Maximum care.

Further information is available on request from Crookes Healthcare Ltd, Nottingham NG2 3AA. Legal category: ACBS. E45 Sun SPF 15, 25, 50

Medical matters

Goserelin shows benefits in younger breast cancer women

New data has shown goserelin to improve survival rates in premenopausal women with early breast cancer.

The international study, carried out in collaboration with the Cancer Research Campaign's Breast Cancer Trials Group, recruited 2,631 women. All had undergone standard treatment with surgery plus chemotherapy or radiotherapy, but were then randomly assigned to goserelin monthly injection or no injection. They were followed up for an average of four years.

The results showed that just under three quarters of the women had no relapses. Of the 591 women who did relapse, 261 had been given goserelin compared to 330 who had not, a significant 5 per cent difference.

Co-researcher Professor Michael Baum explained: "Because around 8,000 premenopausal women are diagnosed with breast cancer annually in

the UK, this 5 per cent difference in relapse-free survival could translate into saving the lives of thousands of women." He added that relapse-free survival at four years was a good indicator of survival at ten years.

Goserelin, marketed as Zoladex by Zeneca Pharma, is a gonadotrophin releasing hormone analogue which switches off oestrogen production in the ovaries. Oestrogen is thought to be a factor in breast cancer.

Avoid codeine combinations

Combination analgesics containing codeine should be avoided where possible, says the Prescription Pricing Authority in its latest PACT report on analgesics.

Low dose codeine (8mg), combined with aspirin or paracetamol, offers no significant additional analgesic benefit, but can cause some opioid side effects such as constipation. Combinations that contain a 30mg dose of codeine are accompanied by dependence and a wide range of opioid side effects. The PPA argues that they may be better taken separately, even if it is purely from a cost point of view - 100 tablets of co-codamol 30/500 cost £7.53 but taken separately the cost is £3.31.

The number of prescriptions for co-codamol prescribing have nearly doubled to 2.1 million prescriptions over

the past six years. Co-codamol 8/500 use has risen by 36 per cent in the same period and co-codamol 30/500 use has had a four-fold increase.

Total opioid analgesics prescriptions have also doubled in the past six years from 0.7m to 1.5m per quarter, while spending is up from £5.8m to £15.9m. The most frequently prescribed opioid is dihydrocodeine followed by tramadol, codeine phosphate and morphine phosphate.

Other recommendations include:

- trying analgesics before NSAIDs
- remembering interactions between OTC analgesics and prescribed drugs
- using simple analgesia with anti-emetic first-line for migraine.

'PACT Standard Report', BNF Version Number 36, Quarter ending March 1999.

Quarter of asthmatics suffering daily

A quarter of patients with asthma continue to suffer symptoms every day or on most days, despite the availability of effective treatments.

The Asthma Insights and Realities in Europe (AIRE) survey, which included 400 UK patients, also found over three-quarters of patients had suffered asthma symptoms in the four weeks before being questioned and a quarter had been woken at night at least once a week because of their asthma.

This poor symptom control is partly blamed on a lack of understanding of asthma and its treatments. In the survey, over a third of patients were unaware that asthma was caused by inflammation of the airways. Nearly half thought that not being able to feel an immediate effect was a major factor in patients not complying with anti-inflammatory treatment. Only 27 per cent of patients said they were familiar with the class of asthma drugs called inhaled steroids and 63 per cent believed they had never been prescribed them for their asthma.

On a more positive note, patients generally believe that management has improved in the past ten years.

Glasgow and Belfast worst for heart disease

Glasgow and Belfast have some of the highest rates of heart disease in the world, according to a ten-year World Health Organization-sponsored study.

Men living in Glasgow, Belfast and Finland's North Karelia and Kuopio have the highest average rates of heart disease among the 170,000 people studied in the MONICA (MONitoring Cardiovascular disease) project. Among women, the highest average rates for the disease were in Belfast, Glasgow and in Newcastle in Australia and Warsaw in Poland. The lowest heart attack rates for both men and women were in Catalonia (Spain), Beijing (China) and Toulouse (France).

Although the Finnish centres fared worse for heart disease, they showed the greatest fall in coronary event rates. Greatest increases in rates among both sexes were mainly in central and eastern Europe and Asia.

The study, published in *The Lancet*, will now look at the effects of treatment and risk factors affecting survival and event rates. Dr Ruth Bonita, director of non-communicable disease surveillance at WHO, said: "The MONICA project is a cause of optimism: heart attack rates are declining in most MONICA centres and there is no reason why these improvements cannot be continued and extended to other countries."

Details of the study are available on the internet at <http://www.ktl.fi/publications/monica>.



IN BRIEF

Estraderm MX 75

Novartis has added a 75 mcg/day oestradiol patch to its existing Estraderm MX range. Estraderm MX 75 comes in packs of eight patches (basic NHS price £7.90) and 24 patches (£23.70).

Novartis Pharmaceuticals UK Ltd.
Tel: 01276 692255.

Angitak Spray for angina

Angitak (£3.95) is a new isosorbide dinitrate sub-lingual spray for angina. Each bottle contains 200 metered doses of 1.25mg isosorbide dinitrate each.

Eastern Pharmaceuticals Ltd.
Tel: 0181 569 8174.

Herbal breast pill alert

Natural Push-Up is a new phytaestrogen-containing food supplement which is claimed to be a natural way of enlarging breasts. Commenting in a report in Manday's *Metro* newspaper, chief scientific adviser at the Royal Pharmaceutical Society Professor Tany Maffat called for proper trials to establish its safety. "If there is enough phytaestrogen to stimulate breast growth, then all sorts of other dangerous side effects might occur." Scanda Sal Professional Ltd is imparting the pills into the country.

Solvay to add A-II antagonist

Salvay Healthcare plans to launch the angiotensin II antagonist Teveten (eprosartan mesylate) later this year, complementing its existing antihypertensive Physiatens (maxonidine). Teveten, which was acquired by Salvay from SmithKline Beecham, is registered in Europe and has already been launched in some European countries.

Salvay Healthcare Ltd. Tel: 01703 472281.

Ventolin reminder

Allen & Hanbury is reminding pharmacists that the original CFC-containing Ventolin will be discontinued from the end of August, leaving in its place the environmentally-friendly Ventalin Evahaler. The company is advising pharmacists to consult GPs and complete the process of switching patients and adjusting stock in advance of the discontinuation.

Allen & Hanburys Ltd.
Tel: 0181 990 9888.



Counterpoints



Tixylix in search of a child friendly pharmacy

Novartis Consumer Health is again linking its Tixylix brand with *Mother & Baby* magazine in search of a winner for the 'Child Friendly Pharmacy of the Year Award 1999'.

Pharmacies are nominated by parents who are indebted to the knowledge, approachability and concern from their local pharmacy when dealing with children's health matters. Nominators are asked to answer four questions about their pharmacy and then reveal a particular incident that best illustrates why they feel their

pharmacy deserves the award.

The entry form for the award will be published in the July issue of *Mother & Baby* or parents can pick up a leaflet about the award at their local pharmacy. All entrants will receive a copy of the booklet, 'Making it Better' which offers advice on caring for a sick child.

The winning pharmacy will receive a set of baby weighing scales and the nominator a short break for two people at a health farm.

Novartis Consumer Health.
Tel: 01403 210211.



Efamol makes EPO easier to swallow

Efamol Pure Evening Primrose Oil capsules are now a third smaller than before.

Efamol has used new technology to produce evening primrose oil that is rich in gamma linolenic acid. This means the 1,000mg EPO capsules are now being replaced with 700mg capsules (yielding the same 80mg of GLA as before) and the 500mg capsules are being replaced with 350mg capsules (yielding the same 40mg GLA as before). Efamol EPO in 150ml liquid and 30ml dropper bottle remain unchanged.

The concentrated oil has been developed from Rigel seed from an advanced plant hybrid, bred

specifically to produce high concentrations of GLA. The company believes the improved, smaller capsules will appeal to people who find the old versions hard to swallow.

The new capsules are being phased into Boots initially.

Efamol Ltd.
Tel: 01483 304441.



Benylin seeks grocery listing for GSLs

Warner Lambert is seeking grocery listings for the three GSL lines in the 12 strong Benylin range of cough and cold remedies.

The range has been voluntarily restricted to pharmacies for nearly a decade, but with other brands such as Venos and Vicks gaining market share through grocery sales, this restriction has limited Benylin's ability to compete, says group product manager Jon Connolly.

The three lines going into grocery are Benylin Chesty (non-drowsy), and the Children's Cough & Cold and Chesty Cough products. The Warner Lambert sales team is in the process

of briefing pharmacists that listings will be sought from June 1. Product is likely to be seen on shelf from September. The company is anticipating that any sales gains for the brand will come from competing GSL grocery lines and that pharmacy sales will be relatively unaffected.

Jon Connolly sees Benylin's market share rising from its current 27 per cent of the cough market to 33 per cent by 2002. There will be an increased investment in advertising in the year ahead, with television likely to be the preferred medium.

Warner Lambert Consumer Healthcare.
Tel: 01703 641400.

Get Elastoplastered this summer

Smith & Nephew is introducing a stronger look for its Elastoplast plaster range to maximise sales during the peak summer period.

New packaging gives an active benefit message of 'infection protection' with bold new graphics to communicate the products' benefits.

Existing products have been improved and the complete range has been simplified with fewer pack sizes to generate higher volume on key lines. Elastoplast Ultra Repair has been improved and new packs contain larger plasters for better coverage and protection. New packs of four large and eight medium plasters (rsp £2.05) will be available from June.

Smith & Nephew Healthcare Ltd.
Tel: 01482 222200.

See Ibuleve in 3-D

Dendron is supporting Ibuleve with a new 3-D showcard. Available from June, the showcard highlights the brand message of powerful efficacy for backache, rheumatic and common arthritic conditions. The theme is also on a Pharmasite poster and a TV campaign.

Dendron Ltd.
Tel: 01923 205720.



Stronger image for Corsodyl range

Corsodyl gingivitis treatment is being relaunched with a new look.

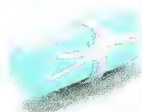
The brand has been updated with new graphics to provide uniformity and a more consumer-friendly image. The 300ml variants now feature a new laminated label which peels open to reveal further product information, but can be resealed to maintain a clean appearance.

The product contains an optimum level of chlorhexidine gluconate at 2 per cent. It is available as a mint mouthwash (300ml, 600ml) and as original flavour (300ml), and for localised use in a 50g dental gel or 60ml dental spray.



SmithKline Beecham Consumer Healthcare UK.
Tel: 0181 560 5151.

Thrush sufferers know it's a price worth paying.



Women now know Diflucan[™] One is the most
expensive vaginal thrush treatment.
Yet it's the fastest growing too, accounting for
over 1 in every 4 packs sold.⁽¹⁾

Proving that a treatment that is oral, fast and
effective is the one thrush sufferers want.
We're backing Diflucan One with a £2.25 million
advertising campaign, informing
your customers of the price up front.

Diflucan One. Well worth recommending.

£12-50

Pfizer Consumer Healthcare

(1) IRI Infoscan MAT 1 11 98

Abbreviated product information for Diflucan One: Presentation: Capsule containing 150mg fluconazole. **Indication and dosage:** Vaginal candidiasis. Adults (16-60 years) single oral 150mg dose. **Contra-indications:** Hypersensitivity to fluconazole or related azoles, pregnancy and women of childbearing potential unless adequate contraception is employed, co-administration of terfenadine and cisapride. **Warnings:** Lactation. Not recommended. **Drug interactions:** Relevance to single dose has not yet been established. Anticoagulants, astemizole, cisapride, cyclosporin, diuretics, oral sulphonylureas, phenytoin, rifampicin, terfenadine, theophylline and zidovudine. **Side-effects:** Nausea, abdominal discomfort, diarrhoea, flatulence and rarely anaphylaxis. **Legal category:** P. **Package Quantity and Cost Price:** 150mg capsule, pack of 1. £7.12 (PL1906/0017). **Product Licence Holder:** Pfizer Consumer Healthcare, Wilmslow Road, Alton GU34 2TJ. **Date of preparation:** December 1998.

P&G launches new Oil of Olay range for mature skin

Procter & Gamble will be launching a new Oil of Olay skincare range for mature skin in June.

The Oil of Olay Provital Energising range has been developed using new P&G skincare technology to restore and maintain the elasticity and suppleness of mature skin. The range features Illume - a new intensive moisture boost system with skin-smoothing, precious oils.

The three daily care products - Energising Daycream, Energising Moisture Fluid and Revitalising Tinted Moisturiser - are formulated to nourish, protect and strengthen mature skin. And Regenerating Nightcream is formulated to nourish and regenerate the skin.

Two cleansing products complete the range - Energising Facewash and Conditioning Cleanser.

Retail prices range from £4.50 to £9.

Procter & Gamble UK.
Tel: 01932 896000.

No sweat for Danish perspiration brand

Keyline Brands is introducing a Danish range of problem wetness and odour products to the pharmacy trade in the UK.

Reimann's PerspireX Underarm Roll-on and Hand & Foot Lotion are designed for customers with a real perspiration and wetness problem.

The manufacturer says the products only need to be applied once every two to three days

to provide complete protection.

Retail prices are £6.99 for the underarm roll-on (25ml), and £7.99 for the hand and foot

lotion (100ml).

The brand will be supported by an advertising campaign in the national press during the summer months.

A display unit is available for pharmacies.
Keyline Brands Ltd.
Tel: 0181 893 5333.



Pump up the action with tea tree hand wash



GR Lane is launching Tea Tree Anti-bacterial Hand Wash in its Tea Tree range.

The product is made with 2 per cent pharmaceutical grade tea tree oil to help keep hands germ-free. Added vegetable glycerine and moisturising ingredients help keep the skin soft and smooth.

The handwash comes in a handy, pump action bottle. Retail price is £4.49 for 250ml.

GR Lane Health Products.
Tel: 01452 524012.

Body beauty from Bourjois

Bourjois has introduced a new range of body decoration products with the theme 'belle de haut en bas', roughly translated as beautiful from head to toe.

Les Bijoux de Peau (body jewels) come in the form of single-use adhesive stencil sheets for the body. The stencils are protected with covering film which can be peeled away and the design can be coloured

in using long-lasting Liner Parfait brush eye-liner (six shades), or the new Baguette Magique waterproof body liner (only available in black).

The body jewels are available in three themes and come in packs containing two sheets of stencils. Each pack retails at £4.95.

Bourjois Ltd.
Tel: 0171 436 6110.

Putting money where your mouth is



Dent-O-Care is now able to provide the complete range of Butler G-U-M dental products.

The range includes a variety of toothbrushes, interdental brushes and Proxabrush holders with refill heads.

The products have recently been repackaged and are now available in eye-catching blister packs.

Dent-O-Care Ltd.
Tel: 0181 459 7550.

Sun oil in a spray - it's child's play

Paul Murray is introducing a new suncare product in its Junior Macare range.

Junior Macare Sun Clear Dry Oil Spray is formulated to provide high protection in a spray for babies, young children and adults.

It is a non-greasy, water-resistant, clear sunscreen (SPF20) that is easy to apply and rubs in quickly, leaving the skin smooth and dry.

"With current technology, factor 20 is the highest achievable protection for a spray oil," according to Paul Murray.

"The addition of any more active ingredients would make the oil too viscous to atomise into a spray. For the same reason, and in the interests of maintaining clarity, the UVA star rating is limited to 2-3 (around 2.5 stars)," explains the company.

The product can be sprayed directly onto the head for scalp



protection.

Retail price is £5.99 (200ml).
Paul Murray plc.
Tel: 01703 268444.

A new solution to natural soothing

Health Imports is introducing a new antiseptic solution in the Thursday Plantation tea tree oil range.

Tea Tree Plus Antiseptic Solution combines tea tree oil and lavender to provide a soothing, antiseptic solution with a calming, lavender fragrance.

The product is formulated to provide gentle antiseptic protection for minor cuts, abrasions, bites and stings, and soothe rashes and sunburn. Presented in a 100ml bottle, the retail price is £4.95.

Health Imports Ltd.
Tel: 01274 488511.

DON'T LET HAYFEVER THREATEN THEIR SUMMER

New TV
commercial
National
coverage

The efficacy of Clarityn Allergy is
unsurpassed. And to drive customers
through your door there's a new TV

commercial which will appear on National
TV – including regular mid-break slots on
Channel 4's 'Friends.' Plus there's a
nationwide PharmaSite poster campaign
and sponsorship on commercial radio
during National Allergy Week.

For impact in-store, we've designed a
window display featuring the moving
'pollen storm' from the TV ad, together
with window friezes, a counter display,
dummy packs, pens and bags.

So stock up on Clarityn Allergy now and
make sure that your hayfever sufferers
have a great summer.

CLARITYN[®]
ALLERGY
Loratadine
TABLETS FOR HAYFEVER

7 tablets

Clarityn Allergy prescribing information: Clarityn Allergy Tablets contain 10mg loratadine. Clarityn Allergy Syrup contains 5mg loratadine per 5ml. **Indications:** Adults and children aged 12 and over: for the relief of symptoms associated with hayfever, perennial allergic rhinitis and idiopathic chronic urticaria. **Children aged 2 to 12 years:** For the symptomatic treatment of hayfever and allergic skin conditions, such as urticaria. **Dosage:** Adults and children aged 12 and over: one tablet once daily or two 5ml spoons of syrup once daily. **Children aged 2 to 5 years:** one 5ml spoon of syrup once daily. **Children aged 5 to 11 years:** one 5ml spoon of syrup once daily. **Contra-indications, precautions:** Hypersensitivity. Pregnancy and lactation. U.S. only. **Side-effects:** Rarely: fatigue, nausea, headache, alopecia, anaphylaxis, abnormal hepatic function, supraventricular tachycardia, tachycardia and syncope have also been reported rarely although causal relationship has not been established. **Pack sizes:** Cartons of 7 tablets, bottles of 50ml syrup. **Retail price:** tablets £4.25, Syrup £6.99. **Legal category:** P. **Product licence numbers:** Tablets 0201/01/5, Syrup 0201/01/3. **Product licence holder:** Schering-Plough Ltd, Shire Park, Welwyn Garden City, Hertfordshire AL9 7TW. **Date of revision:** August 1997.

SCHERING-PLOUGH CONSUMER HEALTH
Division of Schering-Plough Limited, Kenilworth, New Jersey, U.S.A.

Making a splash with Huggies

Kimberly-Clark is launching disposable swimming pants especially designed for small children.

Huggies Little Swimmers are aimed at children aged six months to two and a half years.

Designed to offer nappy-like protection without swelling or falling apart in the water, the pants feature leakguards to prevent accidents.

They are safe to use in swimming pools and will not clog filter systems.

The pants are available in medium packs, containing 11 pairs to fit 24-34lbs, and small packs, containing 12 pairs to fit 16-26lbs. Both packs retail at £4.99. The launch is being supported by PoS material.

Kimberly-Clark Ltd.
Tel: 01732 594000.

Women go into action with new shoeliners

Activa Health Care is introducing two new shoeliners with deodoriser to pharmacies.

Ultra Fresh Footlets are for women with an active lifestyle. The products have been laboratory tested to provide a built-in resistance to the growth of odour-causing bacteria and to the fungus that causes athlete's foot.

The shoeliners are available in 100 per cent nylon, for work, and cotton rich, for play. Both products come in two sizes - size 1 (shoe size

3-5) and size 2 (shoe size 6-8).

Retail prices are £1.75 (nylon) and £2.79 (cotton rich).

Activa Healthcare.
Tel: 01283 540957.



Fuji launches multipurpose film with multimillion spend

Fujifilm is branding the ISO 400 films in its new Superia (35mm) and Nexia (APS) ranges due out in May as Multi-film for all occasions, to highlight the versatility of the product.

The company will be spending £2 million in a summer campaign starting June 21 to promote the new films.

The new Multi film, along with other speeds in the Nexia and Superia range, features Fuji's patented Reala technology, which produces enhanced colour accuracy and sharp images in a variety of conditions.

Superia Multi 400 is available in 24

and 36 exposures, retailing at £4.29 and £4.99 respectively. Nexia Multi

400 is available in 25 (£4.79) and 40 (£5.79) exposures.

Fuji Photo Film (UK) Ltd.
Tel: 0171 586 5900.



IN BRIEF

Fat chance

Medielite has been appointed as exclusive independent chemist distributor for the Tanita body fat monitor/scales range.

Medielite plc.
Tel: 0181 841 4144

Nivea Sun

Trade enquiries about Beiersdorf's Nivea Sun Spray (C&D May 15, p12) should be made to Smith & Nephew at the number below.

Smith & Nephew Consumer Products Ltd.
Tel: 0121 327 4750

Building bones

Vitabiotics is promoting its Osteocare tablets with radio, underground, poster and press advertising this June. The campaign is timed to coincide with a national awareness month.

Vitabiotics Ltd.
Tel: 0181 963 0999

ON TV NEXT WEEK

Arrid XX: All areas except U, CTV

Benadryl Allergy Relief: All areas

Clarityn Allergy: C4, C5, GMTV, Sat

Deep Relief: C4, C5

Imodium Plus: All areas

Kwai Garlic: G, Y, HTV, M, TT

Listerine antiseptic mouthwash: All areas

Pearl Drops toothpolish: C4, C5, Sat

Protector 3D: G, Y, C, A, M, IWT, TT, C4, Sat

Rhinolast Hayfever: C4, C5, Sat

Sensodyne toothpaste: All areas

Vitalegs Herbal Gel: B, G

Zi: C4, Sat

Zirtek: GMTV

A Anglia, **B** Border, **C** Central, **C4** Channel 4, **C5** Channel 5, **CAR** Carlton, **CTV** Channel Islands, **G** Granada, **GMTV** Breakfast Television, **GTV** Grampian, **HTV** Wales & West, **LWT** London Weekend, **M** Meridian, **Sat** Satellite, **STV** Scotland (central), **TT** Tyne Tees, **U** Ulster, **W** Westcountry, **Y** Yorkshire

ESSENTIAL INFORMATION

Imodium™ Plus

Presentation: Chewable tablet containing Loperamide Hydrochloride Ph Eur 2mg and Simethicone USP equivalent to 125mg polydimethylsiloxane. **Indications:** Imodium Plus is indicated for the symptomatic treatment of acute diarrhoea in adults and adolescents over 12 years when acute diarrhoea is associated with gas-related abdominal discomfort including bloating, cramps or flatulence. **Dosage and administration:** Adults over 18: Two tablets initially, followed by one tablet after every loose stool. Young adults age 12-18: 1 tablet initially followed by one tablet after each loose stool. Not to be used for children under 12 years. **Maximum dose:** Four tablets in 24 hours, limited to no more than 2 days. **Contraindications:** Hypersensitivity to any component of the product. Acute dysentery characterised by blood in stool or high fever. Imodium Plus contains sorbitol and should therefore not be used in patients with sorbitol intolerance or fructose intolerance (i.e. in fructose -1,6-diphosphatase deficiency). Avoid when inhibition of peristalsis is undesirable. Acute ulcerative colitis or antibiotic-related pseudomembranous colitis. **Precautions:** In patients with (severe) diarrhoea, fluid and electrolyte depletion may occur. In such cases, appropriate fluid and electrolyte replacement should be considered. If symptoms persist for more than 48 hours, treatment should be stopped and a doctor consulted. Imodium Plus should only be used during pregnancy or lactation on the advice of a doctor. Medical supervision is required in patients with severe liver dysfunction. Diarrhoea should be treated causally if possible. Drugs prolonging intestinal transit time can induce development of a toxic mega colon. Discontinue if constipation and/or abdominal distension develop. **Side effects:** Nausea, hypersensitivity reactions (e.g. skin rash), headache, dry mouth, cough, chills, taste disturbance, constipation and/or abdominal distension. Rarely, paralytic ileus, usually following improper use. **Treatment of overdose:** If CNS depression or paralytic ileus occur following an overdose, naloxone can be given as an antidote. Repeated doses of naloxone may be required. The patient should be monitored for CNS depression for at least 48 hours. **Price:** 6 tablets £3.45, 18 tablets £7.95. **Legal category:** P. PL: 13249/0020. **PL Holder:** Johnson & Johnson MSD Consumer Pharmaceuticals, Enterprise House Station Road, Loudwater, High Wycombe, Bucks, HP10 9UF.

Imodium™

Presentation: Capsule containing loperamide hydrochloride 2mg. **Indications:** P: Symptomatic treatment of acute diarrhoea associated with IBS in adults following initial diagnosis by a doctor. P & GSL: Symptomatic treatment of acute diarrhoea in adults and children over 12 years old. **Dosage and administration:** Adults and children over 12: Two capsules initially, followed by one capsule after every loose stool. Usual dose is 3-4 capsules per day. For symptomatic treatment of acute episodes of diarrhoea associated with IBS in adults: Two capsules initially, usual dose is 2-4 capsules per day in divided doses, depending on severity. **Maximum dose:** 8 (P) and 6 capsules (GSL) in 24 hours. **Contra-indications:** Hypersensitivity to any component of the product. Acute dysentery characterised by blood in stools for high fever. When inhibition of peristalsis is to be avoided, in particular when ileus or constipation are present or when abdominal distension develops particularly in severely dehydrated children or in patients with acute ulcerative colitis or antibiotic related pseudomembranous colitis. **GSL - do not use:** when inflammatory bowel disease is present. **Precautions:** In patients with diarrhoea, especially young children, fluid and electrolyte depletion may occur. In such cases appropriate fluid and electrolyte replacement should be considered. If symptoms persist for more than 24 hours, a doctor should be consulted. It is not advisable to use Imodium during pregnancy and caution is advised if Imodium is to be administered to a nursing mother. Imodium must be used with caution when the hepatic function necessary for metabolism of the product is defective, e.g. in cases of severe hepatic disturbance. Patients taking Imodium to control episodes of diarrhoea associated with IBS diagnosed by a doctor should consult their doctor if the pattern of symptoms changes, episodes of acute symptom continue for more than 2 weeks or there is a need for continuous treatment of more than two weeks. **GSL - first line treatment in acute diarrhoea is prevention or treatment of fluid and electrolyte depletion particularly in frail and elderly patients.** **Side effects:** Abdominal cramps, nausea, vomiting, tiredness, drowsiness, dizziness, dry mouth and occasional hypersensitivity reactions (e.g. skin rash including urticaria) have been reported. Rarely, paralytic ileus, bloating or constipation have been reported. **Treatment of overdose:** CNS depression or paralytic ileus occur following an overdose. Naloxone can be given as an antidote. The patient should be monitored for CNS depression for at least 48 hours. Gastric lavage or induced emesis and/or enema or laxatives may be recommended. **Price:** 2 capsules £1.00, 8 capsules £3.90, capsules £5.15, 18 capsules £6.35. **Legal category:** P 8/12/capsules. **GSL** 2 capsules. **PL:** 00242/0028. **PL Holder:** Janssen Cilag Limited, Sanderton, High Wycombe, Bucks HP14 4H.

I'm

not sure why I have diarrhoea

When your customers suffer the common complaint of acute diarrhoea, it's your knowledge and expertise they rely on to give them the advice and support they need.

That's why we're launching a massive pharmacy educational campaign to help support your recommendation and explain to customers the different causes and remedies available.

It's good to know that whatever the causes of acute diarrhoea, the Imodium range can take care of it quickly and effectively to let your customers get on with their day. So with Imodium™ and Imodium™ Plus, which offers an even better level of speed and symptom relief than loperamide alone, you have the most advanced range available.

If you would like to be part of this exciting programme and receive one of our "I'm here to help" pharmacy support packs then call us on 0800 3890030. So when customers seek your advice, you and your staff will be ready to help.



Body and mind

Can a bath foam or shower gel really change the way people feel?

Sarah Thackray reports on how the personal wash companies are setting out to change the nation's mood ... from behind the bathroom door

The ability of colour and aroma to change how we feel has long been recognised. Blue evokes peace and tranquillity, green has a revitalising effect, while yellow uplifts mood. Similarly, the aroma of a plant like lavender aids relaxation, while the smell of citrus fruit can be energising.

Now the personal wash companies are tapping into such mood-enhancing properties. Aromatherapy, spa, dermoprotective and moisturising ranges target different consumer requirements and lifestyles rather than the traditional market segmentation of products aimed at families, children, men and women.

Work hard, play hard

Changing lifestyles are a key factor in the growth opportunities for the personal wash market, according to Mintel. In a recent report on soap, bath and shower products, Mintel points out that the 'work hard, play hard' ethic of the 1990s is taken seriously by many consumers who value their leisure time as an opportunity to unwind and recover from the stress of everyday life.

Taking a bath is regarded as one of life's little luxuries, especially among women, who account for almost half the workforce, with many also having a house and family to look after.

Bathcare brands like Radox Solutions are positioned to offer the user the opportunity to create a sense of tranquillity and inner calm in their own home. Glass bottles help to differentiate Radox Solutions and enhance the appeal of products.

The addition of ingredients such as essential oils, herbs and skincare formulations to bath and shower products enables manufacturers to add value to their products in a market that has become increasingly fragmented.

Reflecting the trend for value-added benefits in products, Mintel



Picture courtesy of Cachet fragrances

research shows that the most important aspects for consumers when choosing bath and shower products are the inclusion of moisturising ingredients and the smell or fragrance of a brand.

Products offering moisturising benefits are driving growth in shower and bath products. "Consumers are looking for shower and bath products that will nourish and protect their skin," says Elaine Parr, commercial category manager for bodycare at Colgate-Palmolive.

Sterling sales of moisturising

shower products leapt up 211 per cent in the year ending January 24, 1999 (Information Resources).

Products formulated for children are the second most important sector, in terms of value growth, followed by those containing fruit/natural extracts, which have doubled in the past year.

Coty is taking a holistic approach to bath and bodycare with the introduction of its new Healing Garden range in June. Launched in the US in 1997, the range uses natural extracts and aromas to enhance a general state of wellbeing. It is

targeted at women of 30 plus who are looking for ways to de-stress and pamper themselves.

The brand features bath and body products in four fragrances: Mandarin Sensations for energy, Lavender Sensations for relaxation, Jasmine Sensations for sensuality and Green Tea Sensations for balance. Products include EDT, aroma oil, body lotion, shower gel, body soak, pulse point/mind gel and body mist. The range also features scented candles, incense sticks and a room spray to help enhance the user's mood.

Sensitive skins can be pampered with a new 'special treat' cream bath additive in the Simple bath and shower range. Replenishing Bath Soak is a split level product which is activated by shaking the bottle so the two levels mix to create a milky bath solution. The product contains provitamin B5 and vitamin E.

Liquid assets

Fastest growth in the £458m personal wash category has come from the £135m shower product category, which has grown by 35 per cent year on year and has now overtaken bar soap in value sales (Information Resources, March 1999). In the UK, 80 per cent of households now have a shower installed and around 58 per cent of men and 52 per cent of women used shower gels last year, up from 54 per cent and 49 per cent respectively in 1996 (BMRB/TGI).

There has been a switch from traditional soaps to liquid soaps and shower gels, which many consumers regard as easier to use and less drying to the skin. The bar soap market has declined by 5 per cent to £134m, although skincare brands like Elida Faberge's Dove and Smith & Nephew's Simple are seeing growth. The liquid soap category, which has grown by 16 per cent to £42m, is dominated by the antibacterial segment, with Carex showing 28 per cent growth.



The latest products to join the Palmolive shower and bath range target those with extra dry and extra sensitive skin

As skincare benefits become increasingly important, it has been the introduction of moisturising body washes (particularly Olay Moisturising Body Wash) that has driven the growth of shower products. Body washes combine shower gel with body lotion, making them more effective at moisturising the skin than previous formulations.

Procter & Gamble has just introduced a new Oil of Olay body wash formulated with intensive moisturisers to help even the skin's tone and improve elasticity. P&G claims that its new Daily Renewal Body Wash will continue to moisturise the skin for 24 hours after use, leading to overall skin

variants are available with a Dove shower puff (rsp £3.49) and in a value for money 400ml size (rsp £4.49).

Skincare benefits are the focus of Cussons' new extension to its Imperial Leather brand. The Aqua Source shower and bath range contains a nourishing system and has a product promise of 'moisturising the skin all day long'.

Predominantly targeted at young women, Aqua Source includes a moisturising and exfoliating Body Wash and Puff Pack, Foamburst Gel and Bath Soak. Like Imperial Leather Foamburst Gel, the new Aqua Source Foamburst Gel comes in an aerosol can that turns the gel into a foam.

A new skin conditioning complex has recently been added to the Radox Showerfresh products and the new packs have been designed to help segment the range with improved communication of the benefits.

Radox Showerfresh Refresh is for instant refreshment at any time of day. Invigorate is to wake you up in the morning. Replenish is a refreshing and moisturising shower cream and Revitalise is a reviving fruity shower gel for weary bodies and minds. The range includes Active - a convenient shower gel, shampoo and conditioner for post exercise refreshment, and For Men - an all over hair and body gel for day long freshness.

Sport has helped play a role in developing the shower products market with two-in-one shower gel and shampoo a convenient option when taking a shower after exercise. An increasing number of bodycare products are now being targeted at the active individual - Elida Faberge's Physio Sport, for example, has a strong 'active sports' positioning.

Merchandising tips

- Merchandise the personal wash fixture by category, ie bath additives, shower gels, liquid and bar soaps.
- Go for vertical blocking - start the fixture with shower products, then move into body washes, then bath products etc. Body washes are used in the bath by over 50 per cent of users, so body wash fits well between shower and bath products.

- Merchandise liquid soaps above bar soaps to encourage consumers to trade up to higher value, more profitable products.
- Ensure that the range offers a product from each segment to satisfy all consumer needs.

Taking the plunge

Cussons is investing £7m in marketing its launch of Aqua Source. Kicking off in June, the programme will include nationwide TV and cinema advertising, a women's magazine campaign featuring two million sample sachets and striking Aqua Source jeebs will be sampling at locations around the country. An eye-catching range of merchandising units is available for in-store use.

Cussons (UK) Ltd.
Tel: 0161 491 8000.

Refreshing news

Sara Lee is supporting its Radox Showerfresh range with a new spring/summer TV campaign, which communicates the brand proposition of 'refreshment for body and mind'. The range was relaunched in March with the addition a new skin conditioning complex to leave the skin soft and smooth.

Sara Lee Household Body & Care UK Ltd.
Tel: 01753 523971.

Plant power

Coty is backing the UK launch of its new Healing Garden range with a £1m print campaign from July to September and before Christmas. The company is introducing the range in independents before multiples and grocers. PoS material includes a wooden floor stand and shelf fixtures.

Coty (UK) Ltd.
Tel: 0181 971 1300.



The Radox shower range

Simple solutions

Smith & Nephew aims to attract new users to its relaunched Simple bath and shower range this summer. A new clear look for the range highlights uses on pack to simplify consumer

Top bath brands

1. Radox
2. Badesas
3. Johnsons Baby (Standard)
4. Fenjal
5. Johnsons Baby (Breatheasy)

Top shower brands

1. Oil of Olay Moisturising Body Wash
2. Radox Showerfresh
3. Johnson's pH 5.5
4. Lynx
5. Imperial Leather Foamburst

Source: Information Resources 52 w/e 21 March, 1999 (chemists excluding Boots)

Thrown off the scent

With the growing popularity of aromatherapy, more people than ever are using essential oils in the bath. However, delegates at The Royal College of Nursing's annual conference earlier this year highlighted the potential dangers of concentrated essential oils if not used properly. Nurses were told that many people are buying powerful essential oils with no understanding of these dangers.

It was pointed out that although a popular oil like lavender has relaxing properties, it can have the opposite effect if too much of the oil is used in the bath - making people irritable and keeping them awake at night. Instead of adding a few drops of concentrated essential oil to a bath, some people pour half a bottle into their bath and then come out in a rash. Delegates were told that essential oils are often poorly or even inaccurately labelled, and there was a call for bottles to be improved with clearer directions about how much to use, as well as storage instructions and shelf life.

choice. Refreshing Shower Gel is positioned as a 'wake-up' product to revive tired or sluggish skin. Moisturising Shower Gel softens and conditions the skin. Nourishing Body Wash 'indulges the skin'. Moisturising Bath Cream is a 'daily treat' for healthy looking skin, while new Replenishing Bath Soak is a 'special treat' to nourish the skin.

Smith & Nephew Consumer Products Ltd.
Tel: 0121 327 4750.

Making waves

Johnson & Johnson is introducing new packaging with wave graphics for its Johnson's pH 5.5 bath and shower products. The Moisturising Body Wash pack has been redesigned to take up less shelf space and the puff inside the Body Wash kit packs

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The latest in the Dove range is due for a June launch

improvement with continual use. A starter kit for Oil of Olay Daily Renewal Body Wash includes an Olay puff to help gently exfoliate dead skin cells left on the surface of the skin.

A June launch is planned for Dove Ultra Moisturising Body Wash - the latest addition to Elida Faberge's Dove range. Featuring new lipid technology, the product is formulated to penetrate the epidermis to actively moisturise the skin.

This new bodywash will be available in two Dove fragrances - Dove White, a luxurious, relaxing fragrance, and Refreshing Blue, a lighter, fresher fragrance. Both

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now comes hygienically shrink wrapped. Body Wash bottles have also been introduced in a larger 400ml size. The range is being supported by a £1.6m TV campaign that includes a burst in the third quarter of this year.

Johnson & Johnson Ltd.
Tel: 01628 822222.

Soothing support

Stiefel Laboratories will be supporting its Oiltum Bath Formula and Junior Bath products with a series of mother and baby regional roadshows in the autumn. A radio and press PR campaign is also planned for the brand which is formulated to relieve dry skin conditions like eczema and dermatitis. PoS materials and copies of an Oiltum leaflet are available.

Stiefel Laboratories (UK) Ltd.

Tel: 01628 524966.

Dove boost

Elida Fabergé is supporting the launch of its new Dove Ultra Moisturising Body Wash with a £5.3m marketing spend, including an extensive sampling campaign.

Dove Bar is being backed by a £3m marketing programme this year. The campaign includes testimonial TV advertising and direct marketing. Consumers are encouraged to 'take the Dove seven day test' and see the difference for themselves.

● Total brand support for Dove personal wash and deodorant products this year is £18.4m - up 250 per cent on 1998.

Elida Fabergé
Tel: 0181 481 6000.

Body beautiful

Chemist Brokers is introducing a luxurious new body milk in its Fenjal Classic range. Fenjal Classic Body Milk is a rich, creamy lotion that contains a blend of pure plant oils to moisturise and care for the skin. The dermatologically-tested formulation is non-greasy and easily absorbed. Retail price is £10.75 for 200ml.

Chemist Brokers.
Tel: 01705 222500.



Fenjal: a dermatologically-tested formulation

Keep your cool

Will the latest personal freshness products hot up sales for summer?

Sarah Thackray
reports

Chances are you can count the number of times you used the barbecue last summer on one hand. Yet, despite the poor weather dampening seasonal demand for personal freshness products last summer, value sales of deodorants and body sprays grew by 3.8 per cent to £391m in 1998.

Whatever the weather, the brands driving the market are those with value added propositions especially 'skin friendly' benefits.

'Skin friendly' deodorants took a step forward earlier this year with Elida Fabergé's launch of Dove deodorant. The fruit of a huge research programme, the deodorant has been developed to offer consumers a 'no-compromise' positioning.

The brand has been developed to give maximum dry protection, with the benefits of 25 per cent moisturising cream to take care of the skin. The deodorant range includes a spray, cream, stick and roll-on.

Elida Fabergé is making a major investment in its Dove range this year and the deodorants will benefit from a total support package of £18.4m for the range - an increase of 250 per cent compared to last year. The company expects overall deodorant growth to remain strong this year, by increasing male usage and with consumers trading up.

The Elida Fabergé Personal Care Fact File 1999 predicts: "Manufacturers will continue to grow price through key added value areas such as 'skin friendly', innovative applicator types such as low deposit and breakthroughs in formulation."

Gender sales

While growth in the total deodorants market is slowing, female-targeted variants are performing ahead of the unisex brands, supporting the

argument that consumers prefer a dedicated deodorant.

Women prefer to purchase dedicated female-targeted products, according to Elaine Parr, commercial category manager for bodycare at Colgate-Palmolive. She adds: "Women also like to have a choice of fragrance to suit their mood and the occasion, so a successful range should also reflect these trends."

The latest addition to the female targeted Soft & Gentle range is a Cool Cotton Smooth Solid stick formulated so that it doesn't leave a white powdery residue. The product has a fresh, feminine fragrance designed to appeal to 16-to-24-year-old women.

Elida Fabergé has introduced a new stick in its brand leading Sure range specifically to meet women's needs. Sure Invisible Stick has been developed so that it doesn't leave white marks on clothes.

The product is formulated to be absorbed straight into the skin leaving no white deposits. It comes in two fresh fragrances for women - Cotton Fresh and Cool Silk (rsp £1.99).

Recent research by Gillette shows that its Right Guard brand was generally perceived as a men's range, so the company has stepped up its efforts to make the brand more appealing to women.

David Head, group brand manager for Gillette antiperspirant deodorants, points out: "We decided to 'genderise' the Right Guard range by specifically targeting three fragrances at men and three at women."

The words 'for women' are now included on the Topaz, Marguerite and Vogue variants and 'for men' appears on Xtreme, Drive and Scuba packs. The range also features three unisex variants - Original, Unperfumed and Sport.

A choice of format is also important to cater for different tastes. Aerosols are more popular with men with 75 per cent choosing this format compared to 52 per cent of women, who use a spray to keep fresh. The majority of other women use roll-ons.

The £259m aerosol category dominates the market with 77.5 per cent of value sales, while roll-ons, which are worth £50m, account for 15.1 per cent of value sales.

The gel, stick and cream category only accounts for 7 per cent of the total market value. This £24m market has declined by 5 per cent in the past year (Information Resources, March 1998 vs 1999).

Top five aerosols

1. Lynx
2. Sure
3. Right Guard
4. Soft & Gentle
5. Nafrel Plus

Top five roll-ons

1. Sure
2. Mum
3. Vaseline Intensive Care
4. Right Guard
5. Amplex

Source: Information Resources, March 1999 (total market)

Top male body sprays

1. Lynx
2. Adidas
3. Gillette Series
4. Old Spice
5. Addiction

Top female body sprays

1. Impulse
2. Coty
3. Yardley
4. Charlie
5. Chanson d'eau

Source: Information Resources, March 1999 (chemists excluding Boots)

Which application?

(Volume split with percentage change from last year)
Aerosol 72.6 per cent (+1 per cent)
Roll-on 21.7 per cent (+4 per cent)
Stick/gel 3.8 per cent (-11 per cent)
Cream 1.9 per cent (+10 per cent)

Source: Information Resources, March 1999 (total market)

However, while sticks and gels have seen a fall in sales, cream deodorants grew by 3 per cent in 1998.

Spray under pressure

Female body spray is coming under pressure from fine fragrance as consumers perceive fine fragrances to be increasingly accessible to them.

Body spray fragrances need to be both relevant and modern in order to compete with fine fragrance. Elida Fabergé felt the loss of 'Spice' in its Impulse range last year after taking the market by storm with this variant in 1997. The key age group for using body sprays is 24 and under, but the trend is towards younger users.

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Have you got the bottle to prevent gum disease?



CORSODYL
Chlorhexidine gluconate

For over 24 years, millions of people throughout the world have been looking to one bottle for the prevention of gum disease.

Extensive clinical trials prove the efficacy of Corsodyl in the treatment of gingivitis and it continues to be the No.1 choice* in the UK.

Known as 'The Gold Standard'™ for gingivitis, it can also be used to treat other oral ailments, including aphthous ulceration and denture stomatitis. So when it comes to an effective mouthwash for preventing gum disease – why settle for anything less? Corsodyl. Tried, tested and trusted.



* Source: Nielsen Pharmacy Mouthwash Data 1998. **Corsodyl Uses:** Inhibition of plaque, treatment and prevention of gingivitis, maintenance of oral hygiene, promotion of gingival healing following surgery, useful in the management of aphthous ulceration and oral candidal infections. **Presentation:** Spray and Mint Mouthwash: Clear colourless solution containing 0.2% w/v chlorhexidine gluconate. Mouthwash: Clear pink solution containing 0.2% w/v chlorhexidine gluconate. Dental Gel: Clear colourless gel containing 1% w/v chlorhexidine gluconate. **Dosage and Administration:** Spray: Apply to tooth and gingival surfaces and ulcers using up to 12 actuations of the spray twice daily. Mouthwash and Mint Mouthwash: Rinse mouth with 10 ml undiluted for one minute twice daily. Prior to dental surgery, rinse mouth with 10 ml for one minute. Dental Gel: Brush the teeth with one inch of gel for one minute, once or twice daily. Ulcers, oral candidal infections: Apply gel directly to sore areas. For gingivitis use for a month. For ulcers, oral candidal infections, use for 48 hours after clinical resolution. **Contraindications:** Previous hypersensitivity reaction to chlorhexidine. Such reactions are, however, extremely rare. **Precautions:** For oral use only, keep out

SB SmithKline Beecham
Consumer Healthcare

of eyes and ears. **Pregnancy and lactation:** No adverse events have been reported, and no special precautions are recommended. **Side effects:** Occasional irritative skin reactions. Extremely rarely, generalised allergic reactions to chlorhexidine. Superficial discoloration of the tongue, teeth and tooth-coloured restorations may occur, usually reversible. Transient taste disturbances and burning sensation of the tongue may occur on initial use of the mouthwash, usually diminishing with continued use. Occasional oral desquamation. Very occasional parotid swelling. **Overdosage:** Systemic effects are unlikely after accidental ingestion or overdosage, however gastric lavage may be advisable. **Product Licence Numbers and Basic NHS Cost:** Corsodyl® Spray (0079/0312) 300 ml (OP) £1.93 600 ml (OP) £3.85 Corsodyl® Dental Gel (0079/0314) 50 g (OP) £1.21 Legal Category P Date of last revision June 1998. Licence Holder SmithKline Beecham Consumer Healthcare, Brentford, TW8 9BD. CORSDYLY and CORSDYLY THE GOLD STANDARD are registered trade marks.

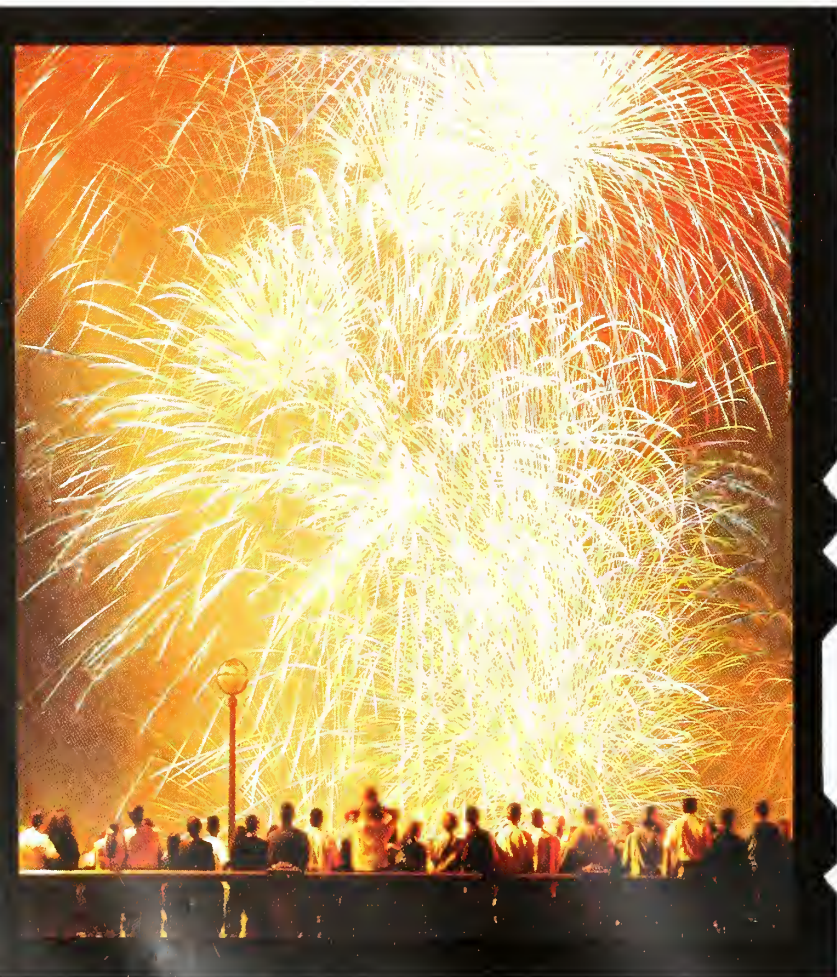


IT BEGAN WITH
A PHONE CALL.
REPORTS CAME
IN OF SOMETHING
MISSING FROM
THE NUROFEN RANGE.

UP AND DOWN THE COUNTRY
CUSTOMERS CAME
IN SEARCH OF IT.



AND NOW,
NUROFEN MUSCULAR
PAIN RELIEF GEL
HAS ARRIVED.



new

Trust in a Topical



Ibuprofen

Nurofen Muscular Pain Relief Gel:

Gel for topical administration containing ibuprofen Ph. Eur. 5%w/w

Indications: As a topical analgesic and anti-inflammatory intended for the symptomatic relief of superficial musculoskeletal disorders, including backache, rheumatic pains, muscular pains, sprains, strains, lumbago and fibrositis. **Dosage:** For adults, the elderly and children over 14: Apply the gel over the affected area and massage gently until absorbed. Repeat as necessary, up to a maximum of three times a day. For each application use about 1/2 to 1 1/2 inches (10 to 40mm) of the gel (containing about 50 to 125mg ibuprofen).

If no improvement is seen after two weeks consult your doctor.

Precautions and Warnings: Those patients known to be hypersensitive to ibuprofen, or sensitive to aspirin, or asthmatic patients in whom aspirin or non-steroidal anti-inflammatories are known to be precipitate asthmatic attacks. Do not use on broken skin, on the lips or near the eyes. Do not use if pregnant or breast feeding. Patients with a history of renal problems should seek medical advice before using. The hands should be washed after applying the product. Not recommended for children under 14 years. **Side effects:** Mild erythema and tingling at the site of application may occur, usually insufficient to warrant discontinuation of treatment. **Product Licence Number:** PL 00189/0024

Licence Holder and manufacturer: The Mentholatum Company Limited, East Kilbride, G74 5PE, Scotland. **Legal Category:** GSL **Price:** £4.25 **Date:** April 1999



CROOKES
HEALTHCARE

www.nurofen.com

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Elida Faberge also dominates the male deodorant and body spray market primarily due to the continued strength of its Lynx body sprays.

Merchandising tips

- Merchandise by applicator first.
- Within each applicator type, merchandise by brand proposition ie efficacy (eg Sure, Right Guard, Mum, Arrid), skin-friendly (Soft & Gentle, Vaseline Intensive Care, Natrel Plus).
- Brand block within applicator type, ie keep all roll-ons in one brand together.
- Keep similar price points together, eg creams should be kept away from roll-ons as the price differential is significant. Instead, put creams next to female body sprays as they are a similar price - this will encourage trading up.
- Keep antiperspirants and female body sprays apart but on the same fixture. Pharmacies sell more female body sprays if they are sited in a distinct area within the deodorant fixture and are not part of the fragrance area.
- Encourage browsing in the female body spray area by using PoS materials and testers.

Hot stuff

A round up of what's new on the personal freshness shelves for this summer.

In the nude

Carter Wallace will be launching a new variant in its Arrid XX range of antiperspirant deodorants in June.

Arrid XX Nude has a cool and refreshing fragrance. Aimed at young women aged 20-30, it is designed as a complementary 'elder sister' to Arrid XX Girl. Presented in a lilac can, it will retail at around £1.69 (150ml).

The launch will be supported by a TV campaign from the end of June



Arrid XX's latest variant, Nude

until August. The commercial will show a radio weather forecast used to convey the comparisons between the qualities of Arrid XX Nude and a fresh summer day.

Carter Wallace Ltd.
Tel: 01303 850661.

Feminine appeal

Aquis is Gillette's latest addition to its Natrel Plus antiperspirant deodorant line-up. Targeted at women in the 15-25 age group, this light, fresh fragrance comes in white packaging with light electric blue graphics. It is available in a 150ml aerosol (rsp around £1.99) and a 50ml big ball roll-on (rsp around £1.29).

Gillette UK Ltd.
Tel: 0181 847 7268.

Soft touch

Colgate-Palmolive is introducing two new aerosol fragrances in its Soft & Gentle antiperspirant deodorant range and is discontinuing the Amber Mist variant.



Natrel Plus now has Aquis

Soft Jasmine is a new floral, feminine fragrance in lilac packaging designed to appeal to the brand's existing users. In contrast, Cool Breeze is a new fresh, cool fragrance in a pale blue pack created to attract new consumers from the 16-24-year-old female target audience. Both aerosols retail at £1.99.

Soft & Gentle roll-ons have been relaunched with a new 'all day protection' formula. The proposition is highlighted on the cap and a '15 per cent drier performance' clinical proof statement appears on the back of the pack to reinforce the message. **Colgate-Palmolive (UK) Ltd.**
Tel: 01483 302222.

Fresh campaign

Gillette will be supporting its Right Guard range of antiperspirant deodorants with a £2m national TV campaign from June 7 until July 25. A new commercial emphasises how

hard Right Guard works with the theme 'feel fresh all day'. The advertising is designed to create maximum impact among the brand's target users - 25-44-year-olds.

Gillette UK Ltd.
Tel: 0181 847 7268.

Femfresh freshens up

Carter Wallace has relaunched its Femfresh range of intimate hygiene products for this summer.

The range now has a fresher, more modern look and it comprises pre-moistened cleansing tissues, intimate deodorant, feminine powder and feminine wash.

Retail prices range from £1.89 for 12 individual cleansing tissue sachets to £3.25 for 24 cleansing tissues in a handy dispenser. **Carter Wallace**
Tel: 01303 850661.

It's a natural

Trinity Sales and Marketing is widening the distribution of Pitrok Push-up Crystal Deodorant and Natural Spray in pharmacies.

Pitrok deodorants are formulated with a natural antibacterial action and are suitable for sensitive skin.

Retail prices range from £3.95 to £5.95.

Trinity Sales and Marketing
Tel: 01483 225691.

Hot link

Bristol-Myers has launched a new Mum deodorant web site, www.mum-online.co.uk, to help women get the most out of life by providing hot links to hundreds of sites selected for their relevance to women's interest and concerns.

Mum-Online also offers a bulletin board with experts answering visitor questions directly.

Bristol-Myers Co. Ltd.
Tel: 01895 628000.



Pitrok: wider distribution

Four years after his first interview with *C&D*, Cardiff pharmacist Mark Hopkins has moved into sports medicine in a big way. He explains to **Adrienne de Mont** how other pharmacists could benefit

More than just a game

When it comes to sport many people have "open wallets and credit cards", says Mark Hopkins, a community pharmacist who runs a nationwide distribution service for sports medicine products. He now hopes to inspire other pharmacists with the same enthusiasm that drove him to develop his business at Hopwoods Pharmacy on Cardiff's Maelfa Estate.

Soon after buying the pharmacy in 1991, he realised he would have to diversify to survive in a depressed area where unemployment was high and four pharmacies were in close competition. To a sports fanatic, as he was, sports medicine was the obvious choice.

Initially he extended his basic range of first aid items and supports then, as he became more interested in injury treatment and prevention, he began stocking rehabilitation aids.

An important step was to contact GPs, physiotherapists, orthopaedic consultants, local sports clubs and the nearby BUPA Sports Injury Centre, offering to obtain the more unusual products not generally on sale in sports shops. He approached Cardiff University and agreed to supply all their requirements at prices competitive with mail order.

Once these clubs and specialists started to refer patients, he realised that, while he had a good range of products for ordinary customers, they were not sophisticated enough for top sports people. In his intensive research to find quality products, often from overseas, he came across the Mueller range, which was developed by a pharmacist in the US.

As the business grew he formed a separate company, Hopwoods Sports Medicals, to cater specifically for clubs and associations. At its peak he was supplying over 300 sports teams throughout the UK.

As his customer base spread nationwide he decided to develop a distribution network instead of supplying directly to all the clubs himself. In 1997 he became the main



Mark's product range is highly relevant to this type of activity

distributor for the Mueller sports medicine range in the UK and changed the company name to Mueller Distribution.

He now supplies only to the trade, including pharmacies, who take the package to local teams and physiotherapists in the same way he did initially. His distributors currently look after big names such as Aston Villa, Manchester United, Manchester City, Chelsea and West Ham, plus the England and Wales rugby teams.

"We chose to specialise in Mueller because it has a good pedigree in the sporting world and offers a huge variety of products suitable for all retailers, from those who just want to dabble to specialists who want to get involved on a serious level," he explains. "There are plenty of retail items such as supports and hot/cold products, while on a more technical level there are ankle and knee braces that need more experience and

capital outlay. A pharmacist could start off with a basic first aid selection for £100-£200, then move into more specialist products and perhaps even offer bulk supplies of tapes and strappings to physios and sports teams."

So how could other pharmacists assess the potential for their own business?

"Research," he says. "You need to find out where clubs and physios get their supplies. They often use mail order but you could offer a better service by providing similar products more quickly at a similar price. Even if they already had suppliers they might still be interested, in the same way that most pharmacies use more than one or two wholesalers."

Another advantage of pharmacy supply is that customers can examine the products and possibly try them on before buying. The mark-up is sufficiently high to cover the

pharmacist's time spent advising on fitting.

"It's a very undeveloped market," he says. "The leisure sector is growing continually and that's where the money is. A lot of people come in with open wallets and credit cards - even in this part of Cardiff, which is not affluent. Sporting people are prepared to pay for their equipment, particularly if it can mean the difference between playing and not playing. The most expensive knee brace we sold in Hopwoods was £560, but it meant someone could continue with their sport. In such cases it's not a luxury but an essential."

There is no need for an in-depth knowledge of sport, just a basic knowledge of anatomy. Mark discovered all he needed to know by reading widely, going to training sessions and watching

Continued on P24 →

SURVIVAL KIT



To survive in pharmacy you have to use your most primitive business instincts. One of which is to recommend reliable brands to valued customers. Rhône-Poulenc Rorer supply four such brands, all offering excellent sales opportunities throughout summer.

Anthisan with 60.1%* of the bites & stings market. Opticrom with 69.5%* of the sodium cromoglycate allergy eye drop market. Brolene with 86%* of the infected eye market. And Dioralyte with 74.3%* of the oral rehydration market.

Support and merchandising materials as always will be on hand from the Fisons sales force. And urgent stock supplies can be had from your local representative or by calling telephone 0990 133347.

Rhône-Poulenc Rorer. Helping to keep pharmacy business alive.



physiotherapists treat injuries. Mueller Distribution offers on-site training on how to use the products. Some colleges run sports medicine courses, but these tend to go into more depth than pharmacists might need.

Another potential source of customers are the elderly and those with chronic musculo-skeletal problems who want to get back to work as quickly as possible.

"Sports medicine and occupational health overlap in many ways, and pharmacists need to develop links with physiotherapists and orthopaedic doctors as well as with GPs. Conditions such as tennis elbow, low back pain and plantar fasciitis are the average GP's nightmare. Plantar fasciitis is a painful condition in which the foot arch ligaments are stretched or damaged, often by poor gait or running in shoes with little support. By using strapping or temporary orthotics you can offer instant relief."

Cost constraints in the NHS are also likely to prompt a move towards prevention rather than treatment in sports medicine. In the US, most athletes and team sports players wear tapes or strapping before they go on the pitch, otherwise they do not qualify for health insurance.

"Medical insurance might become more strict in this country. If you want to indulge in sport you might have to pay more for the consequences, so preventive products will become increasingly important."

Mark is promoting the range by sponsorship, which for him is the most cost-effective form of

advertising. The referees in this year's Sekonda Superleague Ice Hockey will be wearing helmets carrying the Mueller name, and 25-30 matches will be screened live on Sky television. He is also providing medical sponsorship to the BT Cardiff Devils Ice Hockey and Barbarians Rugby Club. Ever since he became involved in selling to clubs he has had tickets to matches that others might die for.

He still makes time to work three or four days a week in his pharmacy, and his wife Debbie also works part-time as a pharmacist. Since *C&D* first visited him in 1995, he has bought and closed down another pharmacy across the road, but he does not expect to return to pharmacy full-time.

"What I do now doesn't feel like a job, it's more like a day off. When I say to my staff, 'I'm going out to work now', they know that I'm probably going to watch some top quality sports event. It's tough, really tough! I've yet to get fed up with these VIP invitations."

Mark Hopkins or his manager, Tina Robinson, can be contacted on 01222 549131; fax 01222 405300; or e-mail hopwoods@baynet.co.uk. There is product information on the web site www.muellersportsmed.com.

Another pharmacist inspired
Steve Simbler went into sports medicine after reading *C&D*'s first article about Mark Hopkins (July 1, 1995, p17).

"I took the next train down to Cardiff to see him!" he says. At the time, Steve had sold his pharmacy and was doing locums while looking for another business opportunity.

He became Mork's London and south-east distributor for Mueller sports medicine products and is now supplying Premiership football and rugby teams, as well as the England rugby team. The business then developed a pharmacy department.

"A lot of clubs have doctors who need medicines dispensed for the players, so I applied for pharmacy registration."

His Premier Sports Medicols in Pinner, Middlesex, now has a non-NHS contract pharmacy dispensing private prescriptions and selling only sports-related OTC medicines. As a spin-off, Steve gives talks to footballers and physiotherapists on drugs in sport and the indiscriminate use of NSAIDs by athletes.

He advises pharmacists: "Sports medicine is certainly something you should get involved with, as there are hundreds of local clubs that need specialist items. They buy products singly, not realising it is more economical for pharmacists to supply them in bulk. As a start, you could compile a price list of appropriate items and circulate it to local sports clubs."



Mark Hopkins provided medical supplies at the Middlesex Sevens, Twickenham, last year

LETTERS

A major Park to play

I read with interest your *Comment* column in *C&D* May 8. It was noted that you mention only four 'major' players in the pharmacy IT field, and omitted to mention Park Systems.

May I remind your readers that Park Systems is the largest independent supplier of IT in pharmacy, with software specs that are probably higher than our competitors. On the Park PMR system alone we have more facilities than one would expect including data extraction for Source and IMS, Pharmacy Alliance, links to EDI networks of choice and more.

Our Windows versions of PMR and PharmaciePoS allow for total integration of both systems, giving complete stock control for the whole shop.

We are involved in electronic prescribing project developments in both England and Scotland. The independence of our company guarantees that we will be willing and able to develop links to other agencies without any hidden agendas.

We will shortly be launching our own internet service provision, *Parksystems.net*, a facility I do not believe any of the other major players have been able to provide.

David Coleman

Managing director, Park Systems

View from the shop floor

I am writing with reference to your report entitled 'Employers claim pharmacists are poorly motivated' (*C&D* April 24, p29). The one issue this article (and many others) fail to mention is the increasing hours that pharmacies are open.

I know of several pharmacies that open late in the evenings, six days a week, and all day on Sundays (often 80 hours a week). This requires a minimum of two pharmacists simply to cover these hours without considering annual/sick leave.

Let's be honest, is there really any need for pharmacies to regularly open until nine or ten at night? Local health authorities keep lists of pharmacists available out of hours for emergency prescriptions.

With the increasing hours, more pharmacists are required for these pharmacies, not because of the workload, but because their employers hope they might sell one extra P medicine. With more pharmacies opening more hours requiring more pharmacists, it is increasingly difficult to get locums, thereby causing the employee to work the extra hours themselves, often going several weeks without days off.

Employers now also pressure pharmacists to have short or no lunch breaks (proper tea breaks vanished years ago). Is it any surprise pharmacists are not a happy bunch? When will employers appreciate that pharmacists have a life outside pharmacy, be it family or hobbies?

Employees are always reluctant to voice discontent for fear of being accused of not caring, not getting pay rises or losing their job. Employers have no reason to grouch about the shortage of pharmacists or lack of motivation because it is the employer's fault, no-one else's. Until employers consider the employee as a real person then the problem will continue to worsen. Simply paying pharmacists more is not the answer; consider the quality of life.

Disgruntled employee pharmacist
Cornwall

STATUTORY COMMITTEE

Restored after being caught on camera with the cream

A Southampton pharmacist, who was removed from the Register in May 1997 after he admitted supplying a powerful eczema cream to an undercover television journalist without a prescription, was last month allowed to return to work.

Senat Kumar Roy, a director of S K Roy Dispensing Chemists, also took the blame for the two incidents that took place four months after he was struck off, when he supplied drugs to two people in September 1997.

This incident had resulted in a conviction for both Mr Roy and his pharmacy at Southampton and New Forest Magistrates Court with the result that the pharmacist had to pay £4,000 in fines and £2,000 costs.

Despite this, the Statutory Committee heard an application by Mr Roy for restoration to the register.

Mr Roy explained to the committee

that even after he was struck off he tried to maintain the same level of service for the community, some of whom were dependent on the pharmacy as they came from various cultures.

David Reissner, representing Mr Roy, explained that the incidents on Sunday, September 28, 1997, were isolated and pointed out that the superintendent pharmacist, who was due to arrive, was late.

Documentation in the way of receipts for locums showed a registered pharmacist had been present on other Sunday mornings. Four other visits, including some that were unannounced by Society inspectors, did not reveal anything untoward.

Although the Committee allowed his application to be restored, it issued a reprimand against the company in respect of the conviction at the magistrates court.

Now available OTC

Fybogel Mebeverine Essential Information. Active Ingredients: Each sachet contains 3.5g ispaghula husk BP and 0.135g of mebeverine hydrochloride BP. It also contains sodium saccharin. **Indications:** For the symptomatic relief of irritable bowel syndrome. **Dosage Instructions:** To be taken as a suspension in water. Adults and children over 12 - one sachet morning and evening before meals, an additional sachet may be taken before the midday meal if necessary. Children under 12 - not recommended. **Contra-indications:** Hypersensitivity to any ingredient. Intestinal obstruction, faecal impaction and colonic atony such as senile megacolon. **Precautions and Warnings:** Not recommended for children under 12. Fybogel Mebeverine should not be taken in the dry form. Gastrointestinal

obstruction or impaction have been reported with hydrophilic mucilloid preparations when taken with insufficient liquid contrary to administration instructions. As the product contains 7mmol of potassium per sachet, caution should be exercised when potassium supplements or potassium-sparing diuretics have been prescribed. **Side Effects:** None known. **Retail Price:** 10 sachets - £4.95. **Marketing Authorisation:** Fybogel Mebeverine 0063 0025. **Supply Classification:** Pharmacy only. **Holder of Marketing Authorisation:** Reckitt & Colman Products Limited, Dansom Lane, Hull HU8 7DS. **Date of Preparation:** April 1999. Fybogel, Fybogel Mebeverine and the sword and circle symbol are trademarks. **Reference:** I. Dettmar PW and Sykes J. J Clin Res 1998; 1:453-459

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Great
together



You're already holding the aces for treating abdominal pain and bowel dysfunction associated with IBS. Now you can really strengthen your hand by playing the pair in unique combination. Fybogel Mebeverine gives 65% greater relief from abdominal pain and 108% greater improvement in bowel function when compared to mebeverine and high-fibre diet¹.

Clinically proven relief in IBS

Lambeth HQ needs a major refit

The Royal Pharmaceutical Society headquarters is rapidly becoming obsolescent and will need a major refurbishment in the near future.

A firm of architects has been instructed to advise on the effective use of space and upgrading the museum, Society treasurer Geoff Booth said at last week's annual meeting. He promised that the capital expenditure for the project would come from the Society's cash reserves, which currently stand at £4.1 million, and would not mean an increase in the retention fee.

However, he later drew attention to the fact that only 21 per cent of the Society's revenue in 1999 will come from personal retention fees and "we must seriously consider other sources of revenue". In considering fee levels, the Society may seek increases above inflation if Council's policy demands or commercial pressures are involved, he warned.

The Society is to move to 'zero base budgeting' next year in order to review all existing activities in the same way as new proposals. "I have drawn Council's attention to the frailty of our budgeting procedure ... it is time for a robust and open debate about what we do and how we do it," said Prof Booth.



London community pharmacist Gerald Zeidman displays his fellowship certificate



Steven Kayne from Glasgow with his fellowship certificate

RPSGB offered escape route on technician registration

The Society of Apothecaries has unofficially said it is prepared to act as a registration body for pharmacy technicians.

This could get the Royal Pharmaceutical Society out of the hole it has dug itself into by proposing that all dispensary staff should undertake an NVQ type training course and be registered. John Ferguson, the Society's recent secretary and registrar, at last week's annual meeting, questioned whether the Society had the powers to keep a register of pharmacy technicians.

"In view of the long-term implications for the integrity of the Society as both a professional and registration

body, when currently registration of any individual is by law synonymous with membership of the Society, does Council consider it currently has the power, under the supplemental charter of 1953 of the Pharmacy Act 1954, to keep a register of pharmacy technicians," he asked.

The Society believes it has a role in setting up a technicians' register, and the Association of Pharmacy Technicians has said the RPSGB would be its preferred registration body. But Mr Ferguson asked how that view had been reached when it was opposed by the National Pharmaceutical Association, which represents 90 per cent

of UK pharmacy owners.

Nick Wood, a pharmacist member of the court of the Society of Apothecaries, said it would be willing to extend its current list (until recently it administered an exam for technicians, and holds records of those who achieved its qualification).

"This is an offer the court could make if the Society thought it would be helpful. I have not got the authority of the court but they do know of this approach," he said.

Society president Hemant Patel said no action would be taken until the outcome of a desirability study was known.

DoH 'inept' over handling of patient packs

Norfolk pharmacist David Coleman has blasted the Department of Health's "inept mismanagement" of the patient pack issue as "one of the worst examples of bungling and buck passing" he has seen.

Mr Coleman is a past president of the Royal Pharmaceutical Society, who has also served on the NPA board and spent 25 years on the Pharmaceutical Services Negotiating Committee. He spoke out at last week's RPSGB's annual meeting, where he was awarded the Society's highest award, the Charter Gold Medal.

"An orderly change was possible ... yet civil servants aided by ministers would not agree," he said.

"The result is a travesty. Patients are

confused, supplies are erratic, and shortages of staple medicines like frusemide or ibuprofen are all too common. Presentations change from month to month and prices spiral. Information is often lacking.

"Medicines are wasted and I have to spend time with a pair of scissors 'snipping'. I am forced to behave in a way that is unprofessional, inelegant, probably illegal and certainly inefficient."

Mr Coleman also warned of the serious strain that health services are likely to face over Christmas and New Year, with only two days out of ten being 'normal'. "I am not alone among pharmacists and others in the Health Service in dreading the run-up to the millennium," he said.



David Coleman receives his Charter Gold Medal from Society president Hemant Patel

About 140 pharmacists representing only two-fifths of branches attended the annual Branch Representatives' Meeting at the Royal Pharmaceutical Society last Thursday

Branches support involvement in emergency contraception

Pharmacists have strongly opposed a call that they should only supply emergency contraception against prescription.

Proposing the motion, George Boateng (East Metropolitan) argued that if pharmacists were able to supply emergency contraception without prescription it could set back more suitable prescribing roles for pharmacists if any thing were to go wrong. Council was wrong to support wider availability of emergency contraception, including through pharmacies, he said.

Arguing against the motion, Tony Parsons (South West Metropolitan)

said the question was about timely access to birth control. There is a 50 per cent increase in failure rate for every 12 hours' delay, but the current system, where a woman may be told on a Saturday that she should make an appointment to see the doctor on the Monday, meant access was being denied.

Rebutting the argument that safety aspects preclude pharmacist involvement, Mr Parsons said that there are safety aspects to be considered with all drugs, and that is the role of the pharmacist, to advise. "This is one of the clear examples of where pharma-

cists can work in the new setting. It's crying out for pharmacists to take part in this."

Nicola Gray (Manchester, Salford & Trafford) said that pharmacists should support it only if they were not ready for the responsibility "or if you want to make a soft buck". Referring to nicotine replacement therapy, Ms Gray said that pharmacists had squandered the huge opportunity it presented. Not only has it started to move into General Sales status but drug companies were setting up their own coun-

Continued on P27 →



New Fellows were presented with their certificates at last week's Royal Pharmaceutical Society annual meeting (l-r): Joy Wingfield, deputy pharmacy superintendent at Boots the Chemist, her recently retired boss Marshall Davies, and Southampton community pharmacist David Plumb

→ Continued from P26

selling helplines. Emergency contraception offered a new counselling opportunity for pharmacists.

Jason Smith (North Metropolitan) said that pharmacists have more than adequate training and skills to supply emergency contraception. "It is essential that pharmacists thrive by taking on more responsibility. We should not shirk them," he said.

However, it was argued for the motion that there is a huge problem of teenage pregnancies. Questions were asked about who would deal with parental responsibility or address the problem of underage sex.

Mark Shepherd (Hull) countered this with local experience. Hull was one of the highest teenage pregnancy rates in the country. Pharmacists are as qualified as medics and pharmacist accessibility is a major strength. "We can counsel, we keep records, we know about safety aspects, pharmacology and the public have a lot of confidence in us," he said.

Gillian Arr-Jones (Brighton) said she believed good protocols were the crux of the matter. "With good protocols, we can overcome a lot of the problems," she said.

The motion was lost.

Competency

Manchester, Salford & Trafford's motion calling on the Society to "implement a system of competence assessment for pharmacists by 2005, preparing a consultation document for the profession by May 2000" was carried without opposition. Proposing the motion, Ms Gray said that the motion was worded carefully, as the branch wants Council to commit itself in principle.

"Having a system for competence assessment would give support for pharmacists trying to carve out new roles," she said.

In addition, "the motion sends out a very positive message to the public, other healthcare professionals and the Government, that we anticipate there will be changes in the future and we are starting to plan for it," she said.

Proposing Edinburgh & Lothian's successful motion calling on Council to reconsider urgently the subject of manpower, Peter Jones said that the fallow year is unlikely to cause problems for one year only. "The changes in primary care and extending hours will increase the need for pharmacists with good clinical skills," he said. The Society should be trying to quantify the numbers of people who have retired early or are not practising and should also try to encourage career development on the professional side, rather than in management.

Opposing the motion, Heather Ellis (SE Metropolitan) said the problem in the NHS was to do with how much people are paid. Pharmacists' expectations have altered. "One of the things that needs to be addressed is looking to see what can be done to keep people on the register and how to support them."

Mike Burden (Leicestershire) said: "If we look simply at numbers, there are in excess of 30,000 pharmacists in the UK. But I bet not all of them are engaged in pharmacy practice in any way. We have to ask why and what are they doing. It's not just money. There are people who are doing jobs which are uninteresting and unrewarding and which do not need a pharmacist to do. While we allow that to happen, that will be a problem."

Voting system

Slough & District's motion calling on Council to reconsider the use of the single transferable vote (STV) for the election of Council members was carried. Proposing it, Roger Mills argued that the current system is not understood, nor is it a fair way of electing seven members, as only one vote is allowed. "With the STV, I'm forced to choose between candidates, and in so doing, deny support for any other candidate. We should have seven equally valid votes."

John Carr (S Staffordshire) opposed the motion by arguing that in choosing who to vote for by STV means picking the person you would most like first, then the second and so on. With the old system, by using up to seven votes, it could mean that the person you

most wanted on Council had their vote lessened by the votes going to other people. "If you put seven Xs, those votes could easily vote against that first vote," he said. STV ends up giving a more representative balance and a better spread of people.

Pro-Europe?

Dudley, Stourbridge & District's motion called on the Society to "be more proactive about Europe and European Directives to protect the interest of the professions by 'horizon scanning' for issues that could affect the profession in the future."

Seeking an amendment, Mr Burden argued that 'professions' ought to be replaced with 'public' as the European Commission appears to be saying that medicines are like ordinary items of commerce. The Society should rebut this, arguing that this is not in the public's interest. "We want to be in a position where we are arguing for the protection of the public," he said. The amended motion was carried.

One motion that was lost by a small margin was that calling on the Society to support primary care pharmacists. Cheltenham & District wanted a special interests group (SIG) established.

Philip Anson (Eastbourne) argued: "We already have a primary care pharmacist group - community pharmacists." He was backed by Ms Gray who said such a move could be divisive.

Mr Smith countered by saying that primary care pharmacy is the fastest growing area of pharmacy. It needs Council to set up a specific support group to ensure it gets the support it needs.

Crispin Bliss (Chesterfield) echoed this, saying that at present, a lot of support for primary care pharmacists is coming from the (pharmaceutical) industry. "If we allow this to continue, we will look like a Mickey Mouse organisation."

Mr Burden opposed the motion saying that, while the Society should support primary care pharmacy, he was not sure another group was needed as primary care was already represented in the UK Clinical Pharmacy Group, among others.

Administration costs

Amendments to one motion were seen by several branches to have changed the meaning of the motion completely. The British Pharmaceutical Students Association called on Council to lower the pre-registration examination fee to reflect the reduced administrative costs. BPSA president Jonathan Burton argued that when the exam was introduced, the fees reflected setting up costs which would be spread over the first five years. That period was over, so the BPSA was seeking a reduction.

Seconding the motion, Noel Wicks said that the Society accounts seem to indicate that the Society had made £17,000 from the exam. "Do we want

Future of the BRM

The final motion calling on Branch secretaries to encourage newly qualified pharmacists to participate in the BRM had support from all sides and led onto a debate about the future of the BRM.

Representatives were in agreement that some sort of pre-BRM screening procedure should be reinstated due to the lack of clarity of some motions discussed earlier. In addition, it would allow amendments to motions to be made before the full BRM so proposing branches could indicate their views on the matter.

"We should resuscitate the pre-meeting," said Mr Mills. "It was obvious that some of those motions today were not clear." It need not be all branches attending, but could be done by Society officers.

Edward Mallinson (Lanarkshire) wanted the BRM to be kept together with the Annual General Meeting. "Our fear is that if you separate the AGM from the BRM it then becomes the AGM of the Royal Pharmaceutical Society (London). There are many of us who take the opportunity to come down to the AGM to the BRM."

Yorkshire Branch wanted the venue to remain at the Society as it was an opportunity for new members to come and visit the headquarters, but Mr Wicks argued that it would be better to take young members to the BPC. In addition, the greater diversity of attendees at the BPC meant there would be a greater chance of 'Joe Pharmacy' turning up at the BRM.

Representatives were undecided as to whether to link the BRM with the British Pharmaceutical Conference or not. Mr Burden thought the BRM should be either on the first or last day of BPC. He also suggested keeping the BRM and AGM in May but using the BPC later in the year for Council to feed back on what had been achieved which would give two opportunities each year for debate.

Mrs Arr-Jones said she thought that by combining the BRM and BPC, there would be only one focus in the year for people to come together and network.

Charles Smallwood (Croydon) referred to the disappointing turnout at the BRM and called on the Society to canvass those Branches that had not come to ask them why.

to make a profit from the weakest part of the profession?" he asked.

However, Mr Burden suggested that the motion be simplified to say that the pre-registration exam fees should reflect the administrative costs. He was seconded by Mr Mills.

Ms Gray argued against this saying she thought it changed the feeling of the motion, but both amendment and amended motion were carried.

Nucare is set to launch management and staff training programmes soon, with the help of AAH/Lloyds Pharmacy.

Mahesh Shah, one of Nucare's directors, has been liaising with Ciaran McSorley, AAH plc's training and development director, over the past 12 months, to assess how Nucare could take advantage of AAH/Lloyds Pharmacy's training resources.

A recent Nucare survey, based on 220 respondents, found that 84 per cent wanted a Nucare training programme, and 71 per cent would pay for their courses. Sixty-two per cent of pharmacists wanted a training course for themselves, with subjects including management and medicines; 74 per cent wanted a course for their medicine counter assistants; and 60 per cent said they would like staff induction programmes.

Mr Shah said Nucare would charge a fee for its courses, whose content has yet to be decided. "Some pharmacists within Nucare have already formed training groups to help each other, but they need a central base, like Nucare, to organise a structured programme for them," he said.

The pharmacy group also plans to issue new shares in February next year to help fund a series of projects.

These could include a drive to extend Nucare signage and fascias throughout its members - the group said this operation is usually expensive. Nucare may also use some of the money raised to develop niche market products.

Nucare will know how much money it needs to raise around August, when it will have assessed its financial situation in preparation for its year-end financial results in September.



Veni Harania, Nucare's managing director

Nucare set to launch retail training courses

As pharmacy symbol groups grow increasingly sophisticated, the smaller players are offering extra services to keep their members. Nucare, one of the biggest groups, aims to respond, as it explained at its annual convention last week. **Guy L'Aimable** reports



Nucare's discussion panel (l-r) Brian Carruthers, Procter & Gamble's pharmacy manager, John D'Arcy, president of the National Pharmaceutical Association, and David Sharpe, chairman of the Community Pharmacy Action Group

Veni Harania, Nucare's managing director, said non-Nucare pharmacists will be encouraged to buy the shares too, not just Nucare members. The group is putting together a share prospectus and sorting out the legal and accounting groundwork needed for the issue. It already has 180 shareholders out of 1,150 pharmacies.

Mr Harania said the share issue made logical sense: "If somebody owns a stake in a business, they will support it more and work harder within it because it's in their own interests to do so."

Nucare also aims to expand its IT facilities by introducing either an intranet or internet site by the end of the year.

Mr Harania said the intranet will enable its members to communicate with each other and with major suppliers. Nucare could use its own resources to introduce the intranet. If it decides to launch a web site instead, it will probably do so in conjunction with AAH Pharmaceuticals, with whom the group has close ties.

On the product side, Procter & Gamble is working with Nucare to set up planogram layouts and advice that will apply to both small and large pharmacies.

Competition between pharmacy groups is getting fiercer as they extend their services. Avicenna, for example, has already launched a management training programme. And Numark will be embarking on a series of strategic and IT initiatives that will include a new loyalty card.

Mr Harania agreed that some community pharmacists may conclude that Nucare was lagging behind Numark, but he stressed the group was catching up. Over the past year Nucare has created a lot more stability among its members. "Our members are showing real purpose and they're showing a need to work in co-operation with each other. And we're getting more co-operation from our suppliers," he said.

Danger of underselling

Pharmacists are in danger of underselling potential clinical

services to primary care groups because they're too interested in cut-throat competition, according to John D'Arcy, president of the National Pharmaceutical Association.

Pharmacists need to liaise, perhaps by forming consortia, to establish which services they will offer, and at what price. Mr D'Arcy said some pharmacists were already doing this. "This creates one point of contact within the consortium, who speaks on its behalf. And within the consortium there could be various levels of expertise, which will give it more depth when it sells its services," he said.

The NPA, he added, was working out an ideal framework for such consortia and aims to publish its conclusions in a resource pack.

Mr D'Arcy said it was too early to say how much pharmacists should charge for their services. But he said he knew of some who were charging £15 an hour, which was "peanuts".

Although pharmacists were competing against nurses by offering clinical services, their selling point was much stronger because they are far better qualified than nurses. On the flip side, nurses' services are very cheap. "We've got to set a rate that's affordable and realistic," he said.

David Sharpe, chairman of the Community Pharmacy Action Group, said pharmacists could consider charging £100 an hour for their services, although he conceded that that might be too steep. "But I won't charge £15 an hour - I'm worth much more and you're worth much more," he said.

One delegate (Shah community pharmacy in Buckinghamshire) suggested that pharmacists could consider working with nurses when offering the services.

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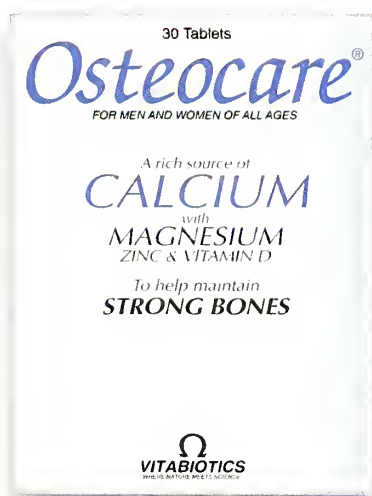


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Customer is king

Pharmacists complain that OTC manufacturers are failing to promote adequately the partnership they have with them, according to Nicholas Hall – a specialist in OTC marketing.

Mr Hall, whose company, Nicholas Hall & Co, advises OTC producers around the world, said the companies were letting pharmacies down, partly because they were not good at thinking about consumers. "The OTC industry is the younger sister of the ethical industry, which obviously sees people as patients, not consumers, and therefore tends to think the same way," he said.

OTC companies should say the 'customer is king', he said, because current figures suggest their established approach is not working. The UK OTC market was worth \$1,571 million (£982 million) last year and grew 3 per cent. But the average UK consumer spends only \$26.73 a year on OTCs, which is far below the expenditures of consumers in other countries. US consumers, for example, lead the OTC purchasing league by spending \$56.87.

OTC companies could win over more consumers by concentrating on promoting brands, not the "molecules" within their products. "Consumers don't know anything about molecules, but they recognise brands. And, being conservative, they prefer 'old' OTC brands to new ones because they want to stick with what they know," he said.

Switching a product from ethical to OTC was the way forward because the "NHS is going bust".

'Be more radical'

Kiran Patel, who runs Medigreen Chemist, said pharmacists should consider becoming more radical to heighten their profile.

"Both nurses and teachers went on strike and they were very successful," he said.

David Sharpe, chairman of the Community Pharmacy Action Group, said pharmacists wouldn't go on strike. When some delegates called out "Why?", Mr Sharpe said: "Because no-one else would, and even if they did, I wouldn't because it won't work."

Mr Patel said drastic action was needed because pharmacists were already suffering injustices. One authority, he said, sent letters out to 90 pharmacists and asked if they would be interested in offering certain services. The authority had a maximum of £5,000 to pay for the work, which would take about 90 hours. No individual pharmacist would get more than £1,000 for the services he supplied. The authority got only five replies.

Source in court battle to keep prescription data

Source Informatics, a subsidiary of IMS Health, is involved in a legal battle with the Department of Health over the prescription data it sells to pharmaceutical companies.

Source downloads prescription data from pharmacists' computers into a database, which is used by pharmaceutical companies to target GPs with promotions and products.

Department of Health guidelines say that disclosing this information is a breach of confidentiality, but Source is asking the High Court to declare the guidelines "erroneous in law".

Michael Beloff QC, appearing for Source, said in court that there could be no breach of patients' confidentiality because all the material it received had been "anonymised". The patients involved could not be identified and were not harmed by the move.

The QC also told Mr Justice Latham that Source obtained GPs' consent before it took prescription details, and then pharmacists ensured the patient could not be identified before they

passed on the data.

Source had also agreed with the British Medical Association to exclude certain information – this would make sure that an individual suffering from a rare disease would not be identified through the use of a rarely prescribed medicine.

Mr Beloff said the DoH guidelines, first issued to health authorities in 1997, wrongly advised that a breach of confidence would occur if either GPs or pharmacists co-operated with Source's database scheme.

"Anonymised information cannot be confidential information and therefore no breach of the duty of confidentiality owed by doctors to their patients can occur," he said.

As the law of confidentiality, he added, concerned privacy, not property, making the information anonymous was enough to protect that privacy.

GPs who had been reminded about the guidelines had either refused to allow Source to use their prescription details, or had scrapped agreements

they had made earlier; which was damaging Source's business.

Philip Sales, appearing for the DoH, said: "For a pharmacist to carry out the process of anonymising to transfer the information to Source, both for the financial gain of the pharmacist and the commercial gain and benefit of Source, is itself a misuse of the information."

This transaction should not be allowed because the information contained on the prescription was given to pharmacists "in confidence".

DoH guidelines said that anonymisation did not remove the duty of patient confidentiality because, apart from the risk of a patient being identified, "the patient would not have entrusted the information to the GP or pharmacist for it to be provided to the data company ... but to be used in connection with his or her care and treatment and wider NHS purposes".

The case has wider implications for IMS Health which also offers Xtrend, a prescription-based database.

What attracts customers to pharmacies?

Pharmacists do not fully appreciate what attracts consumers to their stores, according to research by UniChem and *Chemist & Druggist*.

While both pharmacists and consumers agree that quality customer service is vital, consumers' next highest priorities are special offers and a pleasant pharmacy environment. Pharmacists, however, believe these factors are far less important than the exterior appearance of their outlets.

Forty-six per cent of pharmacists rate customer service as the most important factor in attracting customers – 60 per cent of consumers agree.

Twenty-three per cent of pharmacists believe the external look of their shop is the next most important factor, while 23 per cent say it is the most important, followed by 8 per cent who chose interior appearance, and 2 per cent who chose a good selection of special offers.

Consumers, however, rate special offers far more highly – 32 per cent say these promotions are very important and an additional 52 per cent rate them as important.

Martyn Ward, UniChem's sales and marketing director, said the results

showed the importance of having clear promotional messages in an attractive and uncluttered environment.

Ninety per cent of consumers, meanwhile, say the pharmacy's interior appearance is important or very important; while 16 per cent rate the exterior as very important, and a further 58 per cent say it is important.

Mr Ward said UniChem wanted to find out how consumers felt after it read the pharmacists' opinions in *C&D's Business Trends* survey, which is sponsored by the wholesaler.

"When you are running any type of

business it is easy to make assumptions about your customers, rather than actually asking them what they think," he said.

UniChem commissioned NOP Solutions to put the same *Business Trends* questions to 1,000 adults nationwide – consumers in the survey shop at independent pharmacies.

Mr Ward said 83 per cent of customers who enter a pharmacy buy only their prescriptions. "Figures indicate that pharmacists could capitalise on their profits by creating a well laid out and merchandised pharmacy," he said.

You're never too old to learn a new skill: Simon Hughes, the Liberal Democrat MP, comes to grips with Agfa's latest high-tech film splicer, which joins together 600 films every hour. Mr Hughes was visiting Colorama, the photoprocessor, as it celebrated its 25th birthday. The event was hosted by Colorama's chief executive Vinod Patel (also pictured)



BGMA proposes generic substitution option

A radical alternative to generic substitution has been proposed by Jon Close, chairman of the British Generic Manufacturers' Association.

Speaking at BGMA's annual dinner last week, Mr Close said that if a patient wanted a branded medicine, where a generic equivalent existed, they should pay the difference in price between the two. If the patient chose the generic alternative, they could pay a lower prescription charge.

He said this move would save the NHS money, but would not deter research-based investment. Branded

companies were free to match generic prices if they wished.

It was anomalous, he said, that the Government rationed certain medicines while reimbursing branded products which have been off patent for 20 years, "just because the doctor through habit writes the prescription branded".

Mr Close said the current drug reimbursement system was "a mess". Rules which encourage dispensing doctors to prescribe branded products should be changed. The Drug Tariff failed "miserably" to keep up with changes in market forces, while the discount enquiry "unfairly penalises the smaller independent pharmacist".

Mr Close also criticised parallel imports and brand equalisation deals for having minimal or no benefit to the NHS.

The BGMA, he said, is proud of its achievements - its members supply 50 per cent of prescriptions in the UK at a cost of £500 million, while the other 50 per cent costs almost £5 billion.

The Government wants to achieve "real change for the benefit of all", but he warned that "tinkering around the

edges is not enough and will change very little". He called for the Government to create an environment where both research and generic pharmaceutical industries thrive, where the retail pharmacist can exercise his or her true professional capability, and where the patient is the beneficiary without arbitrary restrictions.

However, his suggestions may not be agreed by all BGMA members. One generic manufacturer said that some of Mr Close's views could be personal and did not represent the whole BGMA.

Health minister Baroness Hayman, who was a guest speaker, said the Government would listen to the BGMA's requests. While the Government wanted to encourage generic prescribing in GP practices, she added, it was difficult to see how any system of co-payment for prescriptions would work.

Glaxo Wellcome said Mr Close's generic substitution proposals "undermine the fundamental principles of the NHS". Going down this route would "open a can of worms" with the next step being to charge patients the full price of their medication.



Baroness Hayman, health minister

As drug costs vary widely for different conditions, the proposals would penalise people on the basis of "pot luck". Patients were not qualified to choose their medication and the decision should be left to doctors, it said.

The Association of the British Pharmaceutical Industry disagreed "quite profoundly" with the proposals. "The patient is entitled to receive the right medication for them, regardless of whether it is generic or branded," it said.



Jon Close, BGMA chairman

NICE wants product data six months before launch

Manufacturers will be invited to submit data on new products to the National Institute for Clinical Excellence six to eight months before their launch.

Outlining the process which NICE intends to use for the evaluation of new drugs, chairman Professor Sir Michael Rawlins said last week that in the short term, manufacturers' dossiers would be evaluated by regional drug evaluation groups.

"In many ways it is undesirable that this should be done in-house. NICE will be a 'virtual organisation' relying on other groups," he explained to a conference on 'Prescribing Excellence in the NHS'.

The data will be considered by an

appraisal committee, which will produce a draft report seeking views from the manufacturer, the Department of Health and others. The draft report will be a public document, he emphasised.

After reviewing responses, NICE will release the report to the NHS. It will advise on the use of the intervention in one of three categories:

- routine use or use in certain circumstances
- not for use
- use in random controlled trials only.

The appraisal process will not only apply to drugs. It will include devices and possibly diagnostic procedures.

Sir Michael said that the clinical guidelines promoted by NICE could

have the greatest impact on prescribing and drug usage. While they could come from NICE itself, an important influence will be the systematic reviews carried out by the Health Technical Assessment Group. Existing guidelines may also be adopted.

"NICE advice is not mandatory, but ministers have made it clear that they expect trusts and health authorities to stick to appraisal advice to the letter," he said. "Doctors, and trusts on a wider basis, might be wise to record why they have diverged from NICE guidelines if they chose to do so."

NICE is an experiment, he acknowledged. "It has a fairly limited agenda in the first instance because of this"

Gehe appoints finance director at AFM Bologna

Gehe has appointed Simon Parsons (right) as finance director of Gehe Italia, the subsidiary responsible for Bologna-based pharmacy/wholesaler AFM.

Mr Parsons, formerly director of financial control at AAH plc's group purchasing department, will also be acting general manager until Gehe makes an appointment.

His first priority is to review Bologna's pharmacy and pharmaceutical market. Gehe already has some understanding of Italy's pharmacy situ-



ation from the diligence it undertook when bidding for AFM.

Mr Parsons said Italian pharmacies have a wide range of sophistication - many expanded into health and wellbeing services before their UK colleagues.

A typical Italian pharmacy will have 70 per cent of its turnover coming from prescriptions, 10 per cent from 'listed' OTCs, which means they are sold only through pharmacies, and the remainder from health-related products.

NCC sets aside £1m to pay clawback

National Co-operative Chemists, the UK's largest co-op pharmacy organisation, has set aside £1 million to pay for this year's clawback.

NCC is being cautious because the delayed discount inquiry has created a "retrospective clawback liability".

It warns that the shrinking NHS gross margin is a major concern to the pharmacy industry "and will inevitably result in a diminution of choice of pharmaceutical services to the public".

The society said it maintained a "superior performance" last year in difficult trading conditions. Its turnover

rose 9.1 per cent to £144 million for the year to January. And its surplus before distributions (equivalent to pre-tax profits) grew 3.5 per cent to £3.2m.

NCC's OTC sales, buoyed by a successful summer marketing campaign and the flu outbreak, rose 8.2 per cent to £35m. Its dispensing sales rose 12.3 per cent to £103.4m. During the year NCC dispensed 10.9m prescriptions, up 9.5 per cent on the previous year.

The society divested four pharmacies and acquired three in Barwell, Market Deeping and Tamerton in Plymouth - it now has 258 outlets.

COMING EVENTS

TUESDAY, MAY 25

NICPET at the Stormont Hotel, Belfast, 10am-5pm. Presentation skills with Dr Dennis Tourish, Department of Communication, University of Ulster.

WEDNESDAY, MAY 26

Bristol Branch, RPSGB, Pavilion Conference Room, BAWA leisure centre, Filton, 8pm. 'Ophthalmology - an update'.

THURSDAY, MAY 27

Slough Branch, RPSGB, Princess Margaret Hospital, Windsor, 8pm. AGM.

SATURDAY, MAY 29

Edinburgh and Lothians Branch, RPSGB, Crowne Plaza Hotel, Edinburgh. May Ball.

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Pharmacist makes a difference in Albania

Aamer Naeem has just returned from Albania having successfully completed "a project that will make a difference" for Kosovan refugees.

The Nottingham pharmacist accompanied two aid workers and a lawyer on a nine day humanitarian aid mission to Tirana to assess immediate healthcare needs and organise relief projects.

On arrival, Aamer found "the sheer scale of the crisis frightening". Although Tirana has many refugee camps, almost 80 per cent of refugees are living in community buildings and local homes. Aamer's first task was to organise groups of sanitation workers to clean up litter and the latrines at a camp in Tirana to prevent an outbreak of cholera or dysentery. Cutting Albanian red tape occupied the team's lawyer full time.

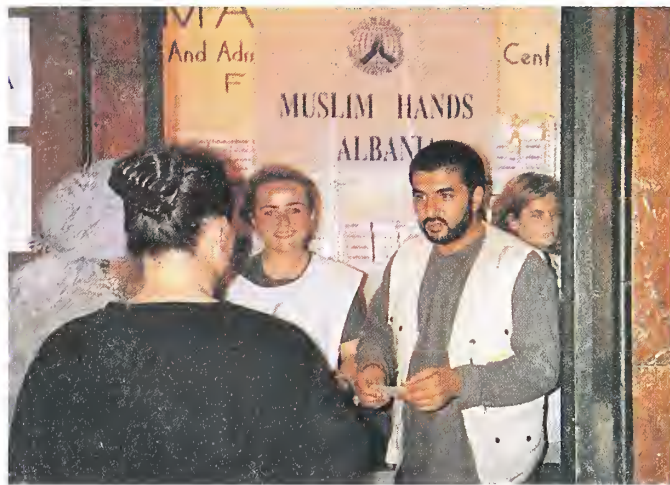
A major problem for the refugees is lack of general medicines - a doctor in charge of one clinic did not have any paracetamol tablets, and insulin and antibiotics are scarce. The team organised 15 ambulances to act as mobile surgeries and to operate around the country 24 hours a day.

The Kosovan embassy has only 12 clinics in Albania, which serve 150,000 refugees. Doctors, pharmacists and nurses running these clinics are Kosovan refugees.

Medicines were distributed from a warehouse in Tirana run by the charity wing of the Kosovan embassy. This warehouse received all aid sent in by smaller agencies abroad. A shortage of trained staff to identify and sort the medicines meant that most of the aid was not being used. Another property was leased to store the medication and ten refugee pharmacists were employed to sort and distribute the supplies. Any gaps in the inventory can be filled from the UK and charitable funds released to help with purchasing.

Aamer went to Albania with the Muslim Hands charity. Since his return, an order from Albania for \$20,000 worth of medicines has been received by the charity. One pharmacist has arranged for £100 worth of medicines to be sent to the Balkans each month.

Anyone wishing to make a donation can contact Aamer on 01709 581416 or United for the Needy on 0115 9117222.



Aamer Naeem (right) dispensing medicines at a refugee camp in Tirana

BTC more trusted than ER

Boots has more loyal subjects among young people than the Royal Family, according to a survey of 15- to 24-year-olds.

The survey of 1,000 young people found that 87 per cent trust Boots while only 57 per cent trust Her Majesty. Also considered more trustworthy than the Windsors are Marks and Spencer and Mars Confectionery. Some consolation for the Palace is that today's youth believe Elizabeth's empire to be more reliable than Ronald McDonald's.

APPOINTMENTS

The College of Pharmacy Practice's new chairman is its former vice-chairman. **Professor Bryan Veitch**. **Dr Angela Alexander** has been elected vice-chairman after serving as a governor since 1991. The positions of honorary secretary and honorary treasurer will continue to be held by **Brian Riley** and **Charles Butler** respectively. UniChem has appointed its former OTC buyer, **Vicki Martin**, as its own-brand manager.

Catherine Semens and **Paul Evans** have been appointed assistant category managers at Numark, supporting the new category controller, **Andrew Carter**.

Professor Sir John Pattison has taken over as director of research and development at the Department of Health from Professor Malcolm Green, who had been the acting director.

The new commercial development manager at Genus Pharmaceuticals is **Peter Ballard**.

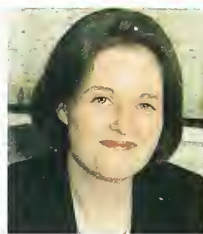
Stuart Robson has been elected president of the British Dental Association.

Professor Martin Cave has been appointed as a reporting panel member to the Competition Commission.

Professor Cosmo Graham and **Dr Elizabeth Monck** are specialist panel members on the Commission's water, electricity and telecommunications, and water and electricity panels respectively.

Xenova's new research and development director will be **Dr John Waterfall** from Monday.

OTC Direct has announced seven additions to its sales team, including **Mark Ingram**, as national sales manager and **Kate Self**, as account manager for the South-east.



Vicki Martin



Catherine Semens



Peter Ballard



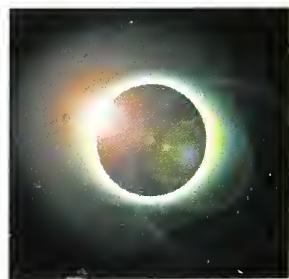
Boots' Stockport branch has won the company's north-west regional store of the year competition. It was chosen out of 170 stores in the area to win a silver plaque, a bottle of champagne and a cheque for a celebration party. Left to right: Bill Hall, store manager, Sheryl Tullock, pharmacist, Helen Schofield, pharmacy manager, Janet Marshall, pharmacy assistant

A shady opportunity

Roll up, roll up, time is running out until 'Eclipsemania, the greatest show on earth'.

It is not a craze for the latest pop group, but the loss of reason people will suffer on August 11 in their attempts to witness the total solar eclipse. If you missed the last eclipse in 1927 and can't wait 91 years for the next one, why not join the frantic hordes and rush down to the West Country to witness the retina-singeing event?

Sounds like an excellent opportunity for a spot of health promotion (and profit boosting). Any self respecting eclipse watcher should not be without a pair of 'Eclipse Shades' to safeguard their vision. Stock up now with Eclipse International Ltd on 01702 310035.



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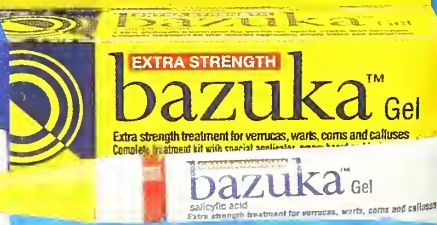
Extra strength
treatment for
verrucas and warts

- Uniquely formulated extra strength treatment
- Dries to form a water-resistant, protective barrier
- Designed to inhibit spread of the verruca/wart infection
- No plasters necessary ■ Simple, once-daily application

NEW
PHARMACY ONLY



salicylic acid, lactic acid



salicylic acid


NO NEED FOR PLASTERS

BAZUKA Trademark and Product Licences held by Diomed Developments Ltd, Hitchin, Herts, SG4 7QR, UK. Distributed by DDD Ltd, 94 Rickmansworth Road, Watford, Herts, WD1 7JJ, UK. **Indications:** For the treatment of verrucas, warts, corns and calluses. **Directions for use:** For adults, the elderly and children: Once daily apply one or two drops of the gel to the lesion and allow to dry, taking care to avoid the normal surrounding skin. The following day, carefully remove the dried patch and apply fresh gel. Once every week, before re-applying fresh gel, gently rub the treated surface using the emery board provided. Continue treatment until the condition is resolved. This may take up to 12 weeks for certain verrucas and warts. **Contra-indications:** Not to be used on the face, neck, intertriginous or anogenital regions, or by diabetics or individuals with poor blood circulation. Not to be used on moles, birthmarks, hairy warts, or any other skin lesions for which the gel is not indicated. Not to be used in cases of sensitivity to any of the ingredients. **Precautions and Warnings:** Keep away from eyes, mucous membranes and from cuts and grazes. Avoid spreading onto normal surrounding skin. Do not use excessively. Avoid inhaling vapour and keep cap firmly closed when not in use. Avoid contact with clothing, fabrics, plastics and other materials, as it may cause damage. **Side-effects:** Some mild, transient irritation may occur, but in cases of more severe irritation or inflammation, treatment should be discontinued. Bazuka and Bazuka Extra Strength Gel are highly flammable - Keep away from flames. Store at room temperature, not exceeding 25°C. Keep all medicines out of the reach of children. **FOR EXTERNAL USE ONLY**
Legal Category: **P** Packs: Bazuka Gel (PL0173/0161) - 5g RSP £4.65 (£3.90 exc. VAT). Bazuka Extra Strength Gel (PL0173/0154) - 5g RSP £5.45 (£4.64 exc. VAT). 2/99.

MAY 1999

OTC





**THIS SUMMER, YOUR CUSTOMERS
CAN BE REALLY BRAVE.
THEY CAN SIT IN THE GARDEN.**



MAKES LIGHT OF HAYFEVER

ZIRTEK ALLERGY

PRESENTATIONS: White, oblong, scored, film-coated tablet engraved Y/Y containing 10mg cetirizine hydrochloride.

USES: Treatment of seasonal and perennial rhinitis and chronic idiopathic urticaria.

DOSAGE AND ADMINISTRATION: Adults and children aged 12 years and over: 10 mg once daily. In renal insufficiency halve the dose to 5 mg (1/2 tablet) daily.

CONTRAINDICATIONS: Hypersensitivity to constituents. Avoid use in pregnancy and lactation. **PRECAUTIONS:** Do not exceed recommended dose, particularly if driving or operating machinery.

DRUG INTERACTIONS: To date there are no known interactions with other drugs. As with

other antihistamines avoid excessive alcohol consumption.

SIDE EFFECTS: Mild and transient drowsiness, headache, dizziness, agitation, dry mouth and gastrointestinal discomfort have been reported.

PACKING, PRICE: Pack of 7 tablets = £4.25.

LEGAL CATEGORY: P

PRODUCT LICENCE NUMBER: Tablets 5221/0001.

MARKETED BY: UCB Pharma Limited, Watford, Herts, WD1 1DJ

Date of preparation: December 1998
UCB-Z-99-05



SUPPLEMENT TO
CHEMIST & DRUGGIST

May 22, 1999

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Published by Miller Freeman UK Ltd

Sovereign Way, Tonbridge, Kent TN9 1RW

Telephone: 01732 364422

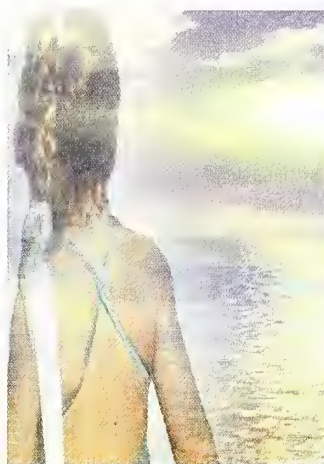
Fax: 01732 361534

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A United News & Media publication



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OTC

OVER THE COUNTER

Volume 12 Number 77

May 1999



Dealing with diarrhoea

A change of diet or contaminated food can cause diarrhoea. Consultant pharmacist Mary Allen offers some advice

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Benadryl
ALLERGY RELIEF

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DUST ALLERGY ✓

PET ALLERGY ✓

SKIN ALLERGY ✓

Acrivastine

No non-drowsy allergy tablet works as fast.

Further information is available from: Warner Lambert Consumer Healthcare, Chestnut Avenue, Eastleigh, S053 3ZQ. Legal category **P**.



Working on the medicines counter requires a great deal of tact and diplomacy. Pharmacy protocols encourage you to ask customers a questions ranging from the straightforward "Who are the medicines for?" to the more personal "Could you be pregnant?". Customers can regard these enquiries as necessary or an inconvenient delay and invasion of their privacy.

It's often tempting to assume that patients will volunteer any relevant information, such as other medication they are taking or the fact that they are pregnant. However, according to research commissioned by Canesten three-quarters of women do not consider whether they could be pregnant when seeking OTC medication. Even if they thought they might be pregnant, as many as one in ten would not volunteer the information to pharmacy staff.

So the importance of asking customers questions cannot be underestimated, particularly in light of the latest *Which?* report (see News p4), which singled out pharmacy protocols and assistants for criticism. It says: "In most cases our researchers were served by counter assistants only, whose questioning and advice was either inappropriate or non-existent." Your training through distance learning course like Cambridge Counterpart or articles in magazines such as *OTC* ensures you have the knowledge to advise customers appropriately.

However, the public must be made aware of their responsibility to volunteer information to pharmacy staff in order to get maximum benefit from the pharmacy service.

On a lighter note, for the third year in a row we're looking for a pharmacy assistant to transform into the *OTC/Miners Cosmetics Model Assistant*. Turn to pages 10 and 11 for full details and an entry form. The closing date is August 31, so you've plenty of time to get a photograph taken and posted off to us. Our next issue is due out on July 24, so until then...

Maria Murray
Supplement co-ordinator

NEWS

Which? has a go at assistants



Which? magazine is critical of pharmacists following another covert shopper survey.

Pharmacy assistant protocols come in for criticism, although the report says that the treatments recommended and the advice given by pharmacists is "generally good". However, the Consumer Association says its latest findings "still give us cause for concern". Responses were unsatisfactory in more than two-thirds of visits. "In most of these cases our researchers were served by counter assistants only, whose questioning and advice was either inappropriate or non-existent."

However, requests to speak to the pharmacists in private were responded to sensitively "and, in all cases, the treatment recommended by the pharmacists was appropriate and the advice given was generally good". Nevertheless, pharmacists are criticised for seeming to spend most of their time away from customers in the dispensary. Out of 30 visits, the researchers spoke to the assistant first on all but one of the occasions. In 18 of these cases, the assistants did not consult the pharmacists and their questioning was deemed insufficient or their response was inappropriate. On other occasions, the assistants "appeared to have been trained to ask the right questions and knew when to consult the pharmacist". In two-thirds of these cases, the right advice was given.

Which? says it seems many assistants are still failing to give the right advice. While suggesting that speaking to the pharmacist "might improve the chances" of receiving good advice, it adds: "But this shouldn't be necessary as they have a duty to ensure that the medicines supplied by their assistants are appropriate."

The Royal Pharmaceutical Society acknowledges that there are lessons to be learnt. Secretary and registrar Ann Lewis says: "The Society is continually looking at ways to improve the pharmacy service in which medicines counter assistants play an important role. Much of our work is aimed at raising public awareness of the importance of sharing information when seeking help and advice in the pharmacy."

Norplant discontinued

The contraceptive implant Norplant is to be discontinued six years after it was first introduced to the UK. Hoechst Marion Roussel blames disputes over funding and an on-going 'trial by media' following failed litigation.

Stocks are expected to expire at the end of October but the company intends to retain the product licence for five years after that date because of the long-term duration of the implant. The company stresses the withdrawal is due to reduced demand making it commercially unviable to continue its production and not because of problems over safety or effectiveness.

The reduced uptake is blamed on the on-going dispute between doctors and the Government over funding of new contraceptive technologies and a fee for counselling and insertion.

Feet for the Millennium

You may be planning to see in the next Millennium by dancing the night away, but will your feet be up to it?

Feet are the most overworked parts of the body, but for a majority of the population they also remain the most neglected. The theme of this year's Foot Health Week, which runs from June 5 to 12, is 'Feet for Life', highlighting the fact that our feet are our passport to freedom.

To help spread the foot health message, the Foot Health Council has produced a comprehensive pack containing posters, leaflets and advice on how to raise the public's awareness of the importance of foot health. It provides all the necessary tools to run an in-store promotion.

To obtain a pack contact the Foot Health Council, 53 Welbeck Street, London W1M 7HE.

South Sea kebabs

Add a touch of the tropics to your catering with this delicious recipe from the Fresh Fruit & Vegetable Information Bureau. The quantities given should serve six people



Ingredients

1lb/450g pork fillet
1lb/450g lamb fillet
2 tblsp dry sherry
1tblsp olive oil
Juice of one lime
Salt and freshly ground black pepper
2 thick slices of fresh pineapple, peeled
1 paw paw, not too ripe
1 firm banana
1 green pepper
Saffron rice
Fresh coriander

Method

Cut the meat into large cubes about one and a half inches/3.5cm. Put the meat into a shallow dish with the sherry, olive oil, lime juice and salt and pepper to taste. Cover and chill for 3-4 hours, turning the meat cubes once or twice. Cut the pineapple into large cubes. Peel the banana and cut into thick diagonal slices. Halve and de-seed the pepper and cut into large chunks. Thread the meat cubes onto two or three long skewers together with the green pepper and grill for ten minutes, turning the kebabs once. Thread six kebab skewers with the par-grilled meat, fruits and green pepper, alternating the pieces. Brush with the marinade and grill for a further four to five minutes, turning the kebabs once. Serve piping hot with saffron rice and garnish with coriander.

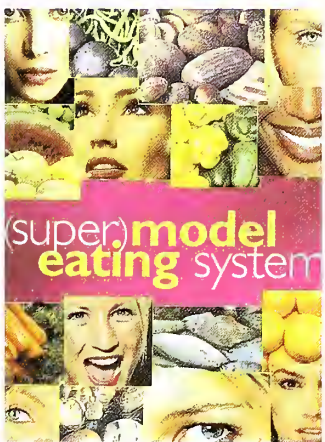
Smokers duped by lighter labels

Smokers are being duped into thinking that low tar cigarettes are less harmful than normal ones. In reality, these 'lighter' brands can be just as detrimental since they can produce tar and nicotine levels that are far higher than stated on pack, says a new report from the Health Education Authority.

More than one in four smokers questioned in the survey believed low tar cigarettes were less harmful than regular brands and this view was more common among young smokers. In practice, more than one in three were choosing brands carrying the words 'light', 'mild' or 'ultralight'. People often change the way they inhale when they smoke low tar brands – they take deeper drags or more puffs in order to get more nicotine. In doing this they also get higher levels of tar and tobacco.

The HEA is now calling for these terms to be banned and for tobacco companies to declare all cigarette ingredients and additives.

A (super)model eating system



Supermodels such as Kate Moss are often blamed for the anorexia and fad diets that have become so common in teenage girls and young women. In a move to encourage these women to eat a healthier diet a new (super)model system has been launched by Denise van Outen on behalf of Bread for Life.

The 20-page booklet introduces three flexible healthy eating systems to suit differing lifestyles and energy requirements. Easy pace is aimed at people who have a fairly inactive daily routine and don't exercise regularly. Fast pace is for those who have an active daily routine, or who have an inactive daily routine but exercise or play sport for more than one and a half hours a week. The super active system is for people with an active daily routine involving walking or lifting for more than an hour a day and who exercise or play sport for more than one and a half hours a week.

The booklet offers practical advice on eating healthily, as well as suggested menus for the three levels.

Model agency Elite Premier has endorsed the booklet saying: "to the modern model, healthiness is paramount. A clear complexion, a glowing skin and healthy hair are essential ingredients for a successful career and a balanced diet is the foundation of a strong immune system and general good health."

Free copies of the (super)model eating system booklet are available by sending an A5 sized, 39p SAE to: Bread for Life campaign, PO Box 14, London SE16 2DF.

CHIC asks men 'Are you getting enough...?'



The latest health education campaign from the Consumer Health Information Centre is aimed at men in the 18-34 year age group.

The campaign, entitled 'Are you getting enough ... from your body?', uses humour and sexual innuendo to attract the attention of this group. It highlights how men's sex lives, self-esteem and lifestyle can be enhanced by thinking positively about their health and treating common ailments.

A credit card sized leaflet, that folds out into seven pages offers practical advice on skin, hair and stomach disorders, three categories of particular concern to men of this age. It also provides a symptoms and remedies checklist, advises men on what to ask at the pharmacy, gives contact information for the MenZone on the CHIC web site (www.chic.org.uk) and details of the CHIC helpline (tel: 0845 6061611), manned by pharmacists.

Good news for would-be quitters

The Department of Health is recommending a voucher scheme for free nicotine replacement therapy via pharmacies as part of its new NHS smoking cessation services.

Smoking cessation clinics will issue the vouchers to be exchanged for the type of NRT considered suitable by the pharmacist. One week's free NRT will be available to all smokers who qualify for free prescriptions, except pre-payment certificate holders.

The DoH does not intend to purchase NRT centrally and



recommends that health authorities and Health Action Zones set up local supply routes via community pharmacists.

Guidelines are based on proposals outlined in the tobacco White Paper and are for action by HAs and primary care groups. HAs and PCGs should begin development of these services immediately. HAZs should provide a service from June.

Smoking cessation clinics will be encouraged to develop close links with pharmacists, GPs and PCGs, and provide them with support. This support could include: organising training; providing smoking cessation sessions in primary care; ad hoc advice; and feedback on the specialist service's effectiveness.

If smokers relapse after their first quit attempt, the guidelines recommend at least six months should pass before provision of more free NRT. Although smokers will usually receive their first week's NRT free of charge, in some cases it might be of more use to offer them the second or third week's supply free instead.

● A new guide for health professionals 'Helping Smokers Stop' is the latest step in the £60 million drive to help quitters. It sets out a four point action plan – the Four A's – for health professionals to follow:

- Ask about smoking at every opportunity
- Advise all smokers to stop
- Assist the smoker to stop
- Arrange a follow-up to monitor progress.

Preparing for Pregnancy

A new booklet providing information and advice for mothers-to-be has been produced by Wellbeing, the health research charity for women and babies, in association with Pregnacare, the dietary supplement.

The 12-page booklet contains information on conception, fertility, medicines that may affect pregnancy, diet and lifestyle health issues, plus a list of useful names and addresses.

'Preparing for Pregnancy' is available free of charge for retailers to pass on to customers. To obtain your copies contact customer services at Vitabiotics on 0181 902 4455.

Revitalise your legs

Working as a pharmacy assistant, you spend the majority of your day standing on your feet behind the counter. This means you are a prime candidate to become one of the 52 per cent of women in the UK who suffer from tired, heavy legs.

You'll probably recognise the symptoms which include a tiredness and heaviness in the legs that increase as the day goes on, a dull ache in the upper or lower calf which becomes increasingly uncomfortable when standing, swollen ankles and the appearance of fine thread veins.

Vitalegs from Chelaro UK is a herbal gel, containing extracts such as witch hazel and ivy, which soothes and cools the legs. Vitalegs can be applied through tights or stockings, so you can use it to relieve symptoms while you're at work.

Chelaro UK in association with OTC is offering 50 readers the opportunity to revitalise your legs with a free sample of Vitalegs. To obtain a 100g pack worth £4.95, send your name and address on a postcard to: OTC Vitalegs Offer, Chelaro UK, PO Box 221, Huntingdon PE18 7FJ by June 25. The first 50 names out of the bag after this date will be the winners.



Our congratulations to Sarah Purcell, winner of the Neutrogena Beauty Journalism Award in the trade category. Sarah is a regular contributor of health and beauty features to Over the Counter and a former beauty editor at Chemist & Druggist. The Neutrogena Awards were launched in 1997 to reward excellence in the fields of beauty journalism, focusing on articles that are clear, straightforward and deliver real benefits to the consumer. Sarah is pictured here receiving her prize from TV personality Katie Puckrik

Take control of your career with Bodyform

Have you ever thought about a change of career or job, or felt you could do more to develop your potential? Well, Bodyform is setting up a new award scheme to help individuals from all walks of life to embark on courses, training schemes and projects.

A total of £25,000 in cash is available to enable you to set and meet new challenges, achieve new goals and allow you to get on track, whatever your ambitions.

Awards will be made from five different categories:

- In Touch – funds for courses or training programmes related to a profession in the community or caring field
- Creation & Motion – funding for arts or sports related courses
- Pin Stripe – funding for courses which could lead to a career in the professional arena, such as sales, marketing, law etc
- New Horizons – funding for an overseas project or expedition which helps the individual develop new skills or benefits a community
- Cutting Edge – women wishing to return to work after absence or



looking to excel in an unusual career or environment.

The awards are open to residents of the UK or Republic of Ireland, regardless of age, background, qualifications or eligibility for existing government grants or loans. There will be a two-stage selection process and winners will be invited to London at the beginning of October to accept their awards at a ceremony.

You can obtain an application form by sending an SAE to Bodyform Careers Awards, PO Box 1, Avonmouth, Bristol BS11 8AH, or send an email to: careers@bodyform.co.uk. Closing date for entries is August 20.

Good and bad news for Pill users

Good news for women using oral contraceptives is that 'third-generation' pills have been restored to first line therapy status, following a further review of evidence that led to a caution being issued in 1995.

The Medicines Commission review has found no new safety concern relating to these pills. As such, the advice of the Committee on Safety of Medicines of October 1995 stands – that there is an increased risk of blood clots in women taking such pills, compared to second generation pills. However, the MC says that provided women are fully informed of the very small risks involved, that her medical history is appropriate, and that a joint decision is reached between the woman and prescriber, then these pills may be prescribed.

The affected pills are Femodene, Marvelon, Mercilon, Triadene, Minulet and Triminulet. New patient information leaflets with clearer warnings about the risks of venous thromboembolic disease (VTE) will be introduced by June.

Health professionals have stressed that the risk of thromboembolism is small and that the Pill is a very effective form of contraception. Women should remember that if they stop taking their Pill for whatever reason, they are at risk of pregnancy unless they use another effective method of contraception. Pregnancy carries a much greater risk of thromboembolism than any pill.

However, on a less positive note, an editorial in the *Journal of Epidemiology and Community Health* states that the risk of breast cancer in young long-term Pill users may have been overlooked.

Professor Klim McPherson, of the Cancer and Public Health Unit at the London School of Hygiene and Tropical Medicine, says the reassurances offered by recent studies on breast cancer risk may be "seriously misplaced". The studies, which recruited some 100,000 women, didn't look at the possibility of delayed breast cancer in women who begin using the Pill at a younger age.

Breast cancer risk is increased in women where the time between start of period and first pregnancy is longest, suggesting hormonal involvement. Professor McPherson says this could equally apply to Pill-derived synthetic hormone. In addition, cell proliferation rates – a factor involved in the development of cancer – are significantly higher in young women on the Pill who have not yet had a child.

Currently, the risk of developing breast cancer before the age of 50 is around one in 50, but on the basis of a 15-year latency period and four years of Pill use before the first pregnancy, he concludes this could be as high as one in 18.

Common sense finally prevails...

The Government introduced tighter controls on the sale of analgesics last September in an attempt to cut the number of deaths from overdoses with paracetamol and aspirin. However, a particular bone of contention for pharmacists was the inclusion of low dose aspirin 75mg in the regulations restricting pack size. Low-dose aspirin is used for secondary prevention of strokes and heart attacks.

The Medicines Commission has finally seen sense and advised that aspirin 75mg may safely be made available in single packs of up to 100 from pharmacies.

Nystatin at a maximum strength of 3 per cent combined with hydrocortisone 0.5 per cent maximum is no longer a POM when used externally for intertrigo in adults and children not less than ten years old. The maximum pack size when sold as a P medicine is 15g, according to the Prescription Only Medicines (Human Use) Amendment Order (SI No 1044).



... or does it?

A consultation letter sent out by the Medicines Control Agency at the end of April includes a proposal to add ranitidine (Zantac 75) to the GSL Order for the symptomatic relief of heartburn, indigestion, acid indigestion and hyperacidity with a maximum strength of 75mg, a maximum daily dose of 150mg and a maximum pack size of 12 tablets.

Glaxo Wellcome says it intends keeping Zantac 75 within pharmacies, even though it has applied for ranitidine's deregulation to a General Sales List Medicine.

The deregulation application to the Medicines Control Agency was made because the company does not believe that Zantac has "reached its full capability" in terms of sales, and hopes that GSL status will increase availability. But Glaxo believes that "advice from pharmacists is invaluable in indigestion" and wants to retain their beneficial input. If the application is accepted, Zantac's exclusive pharmacy distribution will be permanent, said a spokesman.

It hopes to be granted a GSL licence for Zantac 75 by early autumn.

Try the Aqua Source sensation



Do you feel the need for luxury in your life? Cussons understands how a long

day spent standing behind the pharmacy counter can leave you feeling stressed and weary, so it's offering *OTC* readers the opportunity of winning a year's supply of Aqua Source from Imperial Leather products, as well as an overnight stay at Henlow Grange in Bedfordshire, one of Britain's leading health farms. You and a friend arrive during the afternoon on Day One and leave about 5pm the following day.

Your stay includes a full body massage, facial, unlimited use of sauna and steam, all of your meals and a complete exercise programme. And once you get home you can maintain your beauty regimen with Aqua Source as you'll have 12 cans of Foamburst Gel included in your prize package.

Aqua Source is a new range of shower and bath products from Imperial Leather, which is designed to clean the skin and at the same time actively moisturise it all day long.

The unique moisturising system has a dual action with one set of moisturisers quickly absorbed by the skin, while others bind with water and remain on the skin after the bath or shower is finished. All Aqua Source products have a clinically

proven mild formulation suitable for all skin types with a pH of 5.5.

Cussons is supporting the launch of Aqua Source with a £7 million marketing programme, including a £5m television campaign which begins in June.

If you're tempted by the thought of some pampering from Aqua Source, simply write your name and pharmacy address on a postcard and send it to *OTC*/Aqua Source reader offer, Miller Freeman House, Sovereign Way, Tonbridge, Kent TN9 1RW. Closing date for the competition is June 25.





Start getting better customers in 15 minutes.

Benadryl Allergy Relief starts working in just 15 minutes. Because it starts working so quickly and lasts for up to 8 hours, your customers only take it when they need it. Its non sedating profile and excellent safety record makes it suitable for most Hay Fever sufferers. No non-drowsy allergy relief tablet works as fast, so the faster you recommend it, the faster they'll start to feel better.



Acrivastine

No non-drowsy allergy tablet works as fast.

presentation: Capsules containing 8mg Acrivastine. **Uses:** Allergic rhinitis and allergic skin conditions. **Dosage:** Adults and children over 12: one capsule up to 3 times day. Not for use in the elderly (over 65 years). **Contra-indications:** Hypersensitivity to Acrivastine or Triprolidine or renal impairment. **Precautions:** It is usual to advise patients not to undertake tasks requiring mental alertness while under the influence of alcohol and other CNS depressants. Caution during pregnancy. **Side effects:** Reports of drowsiness are extremely rare. **Price (ex VAT):** 12s £3.46, 24s £6.01. **Legal category:** P. **Licence holder:** Warner Lambert Consumer Healthcare, Chestnut Avenue, Eastleigh, SO53 3ZQ. **Product licence number:** 15513/0035. **Date of preparation:** March 1999.

Don't sacrifice your skin

There are 40,000 new cases of skin cancer diagnosed in the UK every year and 2,000 people die as a result. Despite high awareness of the risk, many of your customers still actively seek a suntan.

Neutrogena Beauty Writer of the Year, Sarah Purcell, highlights the damaging effects of sunlight and what you can do to help

New on the shelf

- Nivea is targeting younger users with a light spray-on formulation. Available in SPF 2, 5, 10 and 15 the sprays provide water-resistant sun protection with the soothing properties of vitamin E and aloe vera.
- Malibu is introducing two new gel products to its range. The high protective gels – SPF8 Protective Sun Gel (200ml, £3.99) and SPF15 High Protection Sun Gel (200ml, £4.99) – are quickly and easily absorbed. Added advantages are that they are non-greasy, sweat-proof and water proof.
- Ambre Solaire Revitalising After Sun Milk with Vitamin C (200ml, £5.99), the first aftersun with Vitamin C technology, is light, non-greasy and refreshing.
- Johnson & Johnson Extreme Sun Block for Sun Sensitive Skin SPF50 (100ml, £9.49) is for very fair sensitive skin, including babies and children's. The new After Sun Anti-Mosquito Moisturising Lotion (200ml, £5.75) contains aloe vera and is formulated to repel biting insects including mosquitoes.

After months of being stuck indoors covered in layers of warm clothes, the first sunny days of spring are always especially welcome. But while it's tempting to get carried away and soak up those rays, bear in mind that the burning power of the sun in May can equal that of August, so the same caution is needed. Whether you're at home or abroad this summer, our guide on safe sun will advise on how you can enjoy the sunshine.

The sun's rays

When sunlight meets your skin a range of reactions take place below the surface. In the epidermis, the skin's own defence mechanism kicks into action with the production of the pigment melanin to protect the skin from further damage.

Sunlight is made up of different forms of energy including infra-red radiation, visible light and ultraviolet radiation. In relation to our skin, only UV radiation is important. UV radiation is divided into three types: UVA, UVB and UVC.

1. UVA

UVA rays penetrate deep into the dermis and cause lasting damage, destroying collagen and elastin fibres and causing lines and wrinkles. UVA damage is now thought to be linked with skin cancer as well.

2. UVB

UVB rays are responsible for sunburn and are directly linked with skin cancer development. It is UVB rays which stimulate the production of melanin which gives skin a tanned look.

3. UVC

UVC rays are potentially the most damaging but they don't reach the earth's surface as they are absorbed high in the atmosphere.

While UV rays are present

Aims

After reading this article you should:

- understand the difference between UVA and UVB rays and their damaging effects
- know what malignant melanoma and non-melanomas are
- know when patients require referral to a doctor
- be able to advise customers on application of sunscreens for maximum efficacy
- appreciate the importance of protecting children's skin
- be familiar with the key messages of the HEA's Sun Know How campaign

Sensible sun tips

- Cover up with clothing and wear a wide brimmed hat to keep the sun off your skin.
- Sunglasses protect your eyes.
- Seek shade whenever you can, and particularly from 11am to 3pm.
- Apply SPF15 or higher sunscreen to any exposed skin and reapply frequently.

all year round, they vary in intensity depending on the time of day, season and where you are.

UV levels reach their peak during the middle of the day, which is why you should avoid the midday sun. In the UK, UVB intensity is at its highest from April to September. The nearer you are to the equator, the stronger the UV rays will be. UV intensity increases with altitude as there is less atmosphere to absorb the rays. UV rays are reflected by any light surface, particularly water, snow and sand, which is why you can burn faster on the beach or the ski slopes. While cloud cover does reduce UV levels, you can still get sunburnt on a cloudy day.

Facts on skin cancer

Every year 40,000 people in the UK are diagnosed with skin cancer, making it the second most common cancer in this country. Of those around 2,000 people each year will die of it. Over the last 15 years the incidence of skin cancer has doubled and the figures continue to rise.

● **Malignant melanoma** is the most dangerous type of skin cancer, affecting about 4,000 people each year. More common among younger people, it mainly affects those with pale skin who have little natural protection from the sun. While the causes of melanoma are still not entirely understood, there is thought to be a link with occasional but intensive exposure to the sun – the typical fortnight's holiday on the beach, for example – since this type of cancer is more common among indoor than outdoor workers. And exposure during early childhood is particularly important – experts now believe that it only takes six bouts of blistering sunburn to double the risk of developing skin cancer.

Most melanomas start on a pigmented area of skin such as a mole, which then grows and changes shape, blackening in colour. In the very early stages there aren't

normally any symptoms, though as the disease progresses the mole or spot may itch or bleed. Any changes in a mole's shape, size or colour should be reported immediately to a doctor.

● Non-melanomas

Basal cell carcinoma is the most common skin cancer in Britain, with some 30,000 cases a year, and usually appears on the face or neck. Mainly affecting the over 50s it starts as a small growth which grows slowly and is fairly simple to treat. It does not spread to other parts of the body.

Squamous cell carcinoma is the next most common type and usually affects areas of the skin that have been exposed to strong sunlight over the years such as hands, lips and ears. Again, it mainly affects older people. It shows up as a small painless lump or hard patch of skin which can be removed with surgery. This type of cancer can spread to other areas of the body and is potentially fatal, so any suspicious looking lumps should be shown to a doctor.

Changing attitudes

Although the rich mahogany tans seen in the 1980s are now passé, despite all the health warnings people still want a suntan, albeit a lighter shade than before. The young are particularly adverse to change – a survey by the HEA found that three quarters of young women still actively seek a suntan every year.

"Changing the fashion for suntanned skin is a slow process, and there will always be risk takers who we won't persuade to protect themselves," says advisor on sunscreens, Dr Oswald Morton.

At the Health Education Authority Christopher New agrees: "I think we will see attitudes to the sun improving in years to come, but we won't find people avoiding the sun altogether."

St Thomas' hospital photobiologist Dr Antony Young believes that the anti-ageing may hold more sway than cancer scare tactics when it comes to persuading people to protect themselves in the sun: "I think it's more likely that the ageing message will get through to people, especially with people living much longer than they used to."

But it's not all doom and gloom – the one group where the message seems to

be getting through loud and clear is parents of young children. "Attitudes towards protecting children from the sun have changed enormously. While parents may still want a tan themselves, most won't allow their children to do this," says Christopher New. However, Dr Young warns against over-reliance on sunscreens to protect children – you still need to cover children up and keep them out of the midday sun.

Using sunscreens

While encouraging people to use higher factor sunscreens is a positive thing, there has been some research findings recently that have indicated too much reliance on sunscreens.

Researchers in Italy looked at the use of sunscreen in children and the prevalence of moles on their skin (more moles means an increased risk of skin cancer). The researchers found that the children who used high SPF sunscreen had more moles than those children who didn't, and the reason was that wearing a high SPF sunscreen encouraged them to spend much longer in the sun without protective clothing.

"The likely explanation is that inadequate amounts of sunscreen were applied or areas of the body were missed, coupled with over-reliance on sunscreen as a primary preventative measure," says Prof Brian Diffey of the medical physics department, Newcastle General Hospital.

Both Cancer Research Campaign and the Health Education Authority are trying to persuade people to use sunscreens with more foolproof measures, such as covering up with clothing, seeking shade and limiting time spent in strong sunlight.

Which SPF?

Many consumers still find choosing a sunscreen difficult and confusing, with UVA star ratings making matters worse. To simplify things, health experts now recommend that everyone uses an SPF15 sunscreen with a maximum UVA star rating, with an SPF30 for children or people with sun-sensitive skin.

Few people apply sunscreen liberally or frequently enough to get full protection – applying a very thin layer can halve the SPF protection you get. To cover the average adult you need

about 35ml of sunscreen, which should be applied 30 minutes before going out into the sun and reapplied every two hours. For children, waterproof formulations are a must if they're in and out of the sea or swimming pool.

Protect children

Despite an enormous improvement in the attitude towards protecting children from sunburn, research by the HEA has found that nearly half of parents still think that children look healthier with a suntan, which doubtless contributes towards the 20 per cent of children who suffer sunburn each year. Research has shown that excessive exposure to the sun in childhood increases the risk of developing skin cancer in later life.

According to the HEA, 90 per cent of parents still consider sunscreen to be the most effective way of avoiding sunburn, but their Sun Know How campaign this year aims to highlight the importance of covering up children with clothing.

● Babies under a year should be kept in the shade at all times and a high SPF sunscreen applied to any exposed skin.

● Children should be covered up with loose clothing at all times, with hats and sunglasses a must.

● Limit the amount of time children spend in the sun. Keep them indoors or in the shade during the middle part of the day.

To finish on a brighter note, summer is a time to enjoy fresh air and warm weather. Just remember to protect your skin and treat the sun's rays with the respect they deserve.

Action points

Now you've updated your knowledge on sun protection, put your learning into practice

- Check out the sun protection products on your shelves so you're aware of the range of formulations – waterproof, sweat-resistant, spray, etc.
- Create a display on the theme of sun protection and encourage customers to ask for advice.
- Remind customers of the need to apply the sunscreen correctly to obtain the stated SPF and maximum protection.
- Stress the importance of using high factor, waterproof protection on children.
- When selling products also advise customers to cover up

Model assistant 1999...



1997 winner – Philippa Myles



1998 winner – Susan Grant

...it could be you!



1999 winner ?

For the past two years, **Over the Counter** readers have been invited to enter the **OTC/Miners Cosmetics** model competition for pharmacy assistants.

Each year we have been overwhelmed by the level of interest and the high standard of entries. Although the decisions we took were tough, the pictures on the opposite page prove we made the right choice in Philippa Myles from Wolverhampton, our 1997 winner, and Susan Grant from Brentwood, last year's winner.

Professional make-up artists, a top fashion photographer and **OTC** art editor Tony Lamb helped create the stunning looks that were featured on the front covers of **OTC** during 1997 and 1998.

Once again we are inviting **OTC** readers to take part in this exciting competition that could be the first step to professional modelling or simply a lot of fun.

The competition is open to full- and part-time pharmacy assistants in the UK. All you have to do is complete the coupon on the right, attach a recent photograph of yourself

and send them to the address given. For this competition you don't have to worry about your height – we're looking for a model with special emphasis on the face.

Each year the judges have a difficult time narrowing the field down to a winner and three runners-up, so if you've entered before and haven't been successful, why not try again?

If you're chosen to be the **OTC/Miners Model** for 1999 you will be brought to London for an all expenses paid day at a photographic studio. Our professional make-up artist will create exciting new looks for you using the extensive range of Miners Cosmetics products. A hair stylist will set to work on your crowning glory and the end result will be captured by a leading fashion photographer. As both our previous winners would testify it's a fun day.

Not only will you discover three new looks, you'll also appear on the front cover of our November issue and in two further issues of **OTC** during 2000.

As the winning assistant you will also receive £100 worth of

Miners Cosmetics to try out the new looks at home, and three large-size colour-prints from the shoot. Our three runners-up will get £25 worth of Miners cosmetics.

All expenses for the day will be paid, including travel to London, dinner at a restaurant and overnight hotel accommodation if necessary – so distance is no object.

If you've ever dreamt about a modelling career or even

wondered what you would look like after a make-over, this is your chance to discover a new you.

Don't delay. Get your entry form and a recent photograph in the post today!

If you need extra entry forms, either photocopy this page or contact your local Paul Murray sales representative on 01703 268444.

Remember, closing date for entries is August 31.



miners
C O S M E T I C S

To enter, please complete the coupon and send with your photograph to: **OTC & Miners Cosmetics model competition, Miller Freeman UK Ltd, Miller Freeman House, Sovereign Way, Tonbridge, Kent TN9 1RW by August 31.**

Photocopies of this form are acceptable.

Name.....

Address.....

Dress size.....Telephone.....

Pharmacy.....

Presentation is 90 per cent preparation

'The human brain is a wonderful thing, it starts working the moment you are born and only stops when you get up to make a presentation'. Diane Bailey shares her secrets for making an effective presentation

Whatever your role, you will, from time to time, be faced with the need to make a presentation; this could be to your pharmacist, your colleagues, or to suppliers. The thought may fill you with horror, but the fact is that presenting information or ideas is something we all have to do from time to time.

Very few people are 'natural' presenters who can rise to the occasion without a qualm. Most apparently effortless presentations are the result of a lot of preparation and hard work. Most people suffer from 'nerves', good presenters learn to control them.

Some time ago I realised that a little verse by Kipling provides a very good basis for looking at the whole question of preparing and making an effective presentation. The verse went something like this:

"I have six faithful serving men, they taught me all I know

Their names were 'who' and 'why' and 'when' and 'where' and 'how' and 'who'."

This verse is most often used to help people understand the principle of open questioning, but I believe that the six faithful serving men, plus one additional aide, 'which', are just as helpful in preparing a presentation.

To revisit Kipling's verse in terms of presentation, you need to consider:

- who? The audience
- why? The aim, objectives, reason or purpose
- what? The subject matter, the content
- where? The venue
- when? The timing, the relationship to allied or support activities

- how? The length, the media, the aids, the language, the preparation
- which? The ideas to be included, the sequence of these ideas.

Who is listening?

Many presentations fail because they do not give sufficient consideration to the audience and spend too much time focusing on what the presenter knows or feels to be important. Good presenters begin by thinking about who is to listen to their ideas.

Key questions

- Who is the audience?
- How many people will be there when you present?
- What are their expectations?
- What will they already know about the subject? Will they have prejudices?
- Why should they be interested in the presentation?
- Do you really understand what will interest them?
- How can you justify their spending time listening to you?

Until you spend time thinking about your audience, you cannot decide what to say to them.

Why am I here?

Every presentation has a purpose. You may wish to tell colleagues of a new procedure, or you may wish to persuade them that change is a good thing or that their co-operation is necessary for success.

Or your presentation may be to instruct people in a new method of working or to motivate them to try harder. Whatever your presentation is designed to do, you will only be effective if you are clear about why you are



Jason Bannion

making the presentation and what you hope to achieve.

● Key questions

- What is the main purpose of the presentation?
- Is a presentation the correct way to meet this purpose? Would, for example, a one-to-one or a memo be better?
- How much time is needed to meet the main purpose?
- What subsidiary aim, if any, is it appropriate to tackle?
- How should any learning objectives be defined? What should your audience be able to do at the end of your presentation?
- How will you know if you have achieved your main purpose? Determine success criteria before you start.

What is this?

The subject of your presentation is closely linked to your aims and objectives and the reason for making it.

The content should also be relevant to the audience and use appropriate language, concepts and ideas. You must also consider their knowledge and skills.

● Key questions

- What background/support material is needed to help the audience understand?
- Which key points should be presented? Only four or five main points can be covered in 30-40 minutes, and one or two points in ten minutes.
- How can you check relevance of content to the audience? If the presentation is particularly important, you may wish to talk to some of the audience first.
- Does everything you intend to include contribute to the aim, objectives and reason for the presentation?
- How will you cope with presenting unpleasant or unwanted information? Glossing over it may seem easier in the short-term but could lead to confusion or a lack of trust.
- Do you know everything you need to know? Don't be afraid to admit you need to learn.
- What references/sources will you need? Make sure to leave enough time to find and access them.
- What reference material will you need to make available for participants? If your presentation, includes complex or technical information, think about making handouts available.

Where to present

The venue or environment can affect your presentation. If people are uncomfortable, they will not be able to

concentrate, if they are too comfortable they may snooze!

Sometimes, you can pick the venue, sometimes you will have no choice. In either case you will have to take responsibility for managing the environment.

● Key questions

- What is good about it and how can you maximise the effectiveness of the layout?
- What needs to be changed or improved? Do you need to move furniture around or get hold of extra chairs?
- What layout will be most effective?
- Is all necessary equipment available and working? If you are unfamiliar with anything, try it beforehand.
- Is the temperature and lighting right?

When to do it?

If possible, make your presentation at a time when energy levels are high and when the audience will not be distracted by other issues. Try to time the presentation to support any linked activities like exhibitions, trade fairs or supplier visits.

● Key questions

- How much control over the timing do you have? Should you negotiate a better time?
- What would be the best time for your audience? How can you minimise disruption?
- What other activities should you take into account (for example, meetings, shifts, part-time colleagues)?

Know-how

If the secret of retail success is 'location, location, location', the secret of effective presentations is 'preparation, preparation, preparation'. Never underestimate the time it will take. A good rule is that if you know your subject, you need at least a five to one ratio of preparation to presentation time. If you do not know your subject, double that, at least.

The six Ws are the foundation of your planning. Once all the relevant questions have been answered, you will need to think carefully about your subject matter. You may need to research it. Even if it is your specialist subject, you will need to identify the key necessary content.

One useful approach is that used by trainers. They try to identify the 'musts' – the absolutely vital information, the 'shoulds' – the useful and supportive second level information and the 'coulds' – interesting but non-important facts and ideas

whose absence will not detract from the effectiveness of the presentation.

Preparation can be divided into:

- **planning**
- **preparing**
- **producing the content**
- **polishing.**

Planning stage

Any good presentation has three main elements, an introduction, the body of the material, and a conclusion. Work it out well in advance, so that you can rehearse. This is one case where it is unlikely, unless you are very lucky or very skilled, to be 'all right on the night'.

1. The introduction

This is where you grab your listeners' attention. You will need to tell them what you intend; indicate the timing and logistics of the session; state the aim and objectives and explain how you will handle questions. The introduction is important. It is the point when you 'sell' yourself and your right to be speaking. One useful tip is to rehearse your first couple of sentences until they are easy and comfortable – the rest will follow.

2. Body of the presentation

This is where you share the main ideas and concepts with your audience. Be rigorous, identify the main essential points which you must put across. Be ruthless in cutting out non-essential material and any padding. Check your sequence for logic and sense. Incidentally, do not be afraid to keep your language simple and clear and make sure that you explain connections, don't indulge in leaps of logic just because they are clear to you, they may not be clear to the audience.

When preparing:

- identify main necessary concepts
- marshal important supporting information
- work out the best sequence
- balance favourable and unfavourable ideas.

It is at this stage that you need to consider any aids or equipment you need. Try to keep these simple – you will not want to have to worry about juggling technology and machinery as well as maintaining rapport with your audience.

If you are going to use aids or equipment, rehearse their use and timing until you are comfortable.

3. The Conclusion

This is where otherwise good presentations wither away when the speaker grinds to a halt and looks

sheepish. The conclusion is what will remain in people's minds. Make it effective. Summarise your main points, refer to your objectives and how you have met them and thank people for their time and attention. Finish by looking at the audience not at your feet!!

Preparing

This is the stage at which you will sift the information and identify your musts, shoulds and coulds. You will have mapped your content for sequence, logic and gaps and you will identify where diagrams are needed.

A good presentation never results from reading from a prepared script. Reduce your script to notes or key words. Use file cards – with large letters/print which are easy to see. Punch and tag cards in sequence, so if you drop or fumble the cards, you will be able to find your place again quickly.

Start by rehearsing, both the words and the use of any supporting aids or materials. The rehearsal will also allow you to check your timing. If too long, take out some of the non-essential material. If too short, add some more 'could' material.

Rehearse your pace. The brain needs time to process information so pause from time to time, between sentences or main ideas for example. A ten-second pause may seem long to you, it won't be long for your audience. Think about your voice – keep it comfortably pitched – without strain.

Your message will be transmitted roughly 10 per cent by words, 35 per cent by vocal issues – tone of voice, silences etc and 55 per cent by the visual stimuli of your appearance and body language.

Go for it

Finally 'D time' or delivery time arrives. This is when all your preparation and planning pays off. Remember that your audience generally wants you to succeed. Don't be afraid of your nerves. Breathe deeply and stand confidently. Maintain eye contact with your listeners. Avoid rushing and remember that preparation will see you through.

If success is 10 per cent application and 90 per cent perspiration, effective presentations are 90 per cent preparation and 10 per cent delivery.

Diane Bailey runs Diane Bailey Associates, a training consultancy in Rochdale.

Pharmacy customers commonly present with fungal infections such as thrush and athlete's foot. Our resident pharmacist **Jeremy Clitherow** FRPharmS MBE reminds us of the causes, symptoms and treatment options

Fight the fungi



Whenever we talk about fungal infections to our customers, their thoughts immediately turn to mushrooms and those hideous looking sprouting bodies which grow out of the woodwork when a house has dry rot.

The reality of the situation is that human beings play host to a wide variety of moulds and fungal infections all the time. It is only in extreme circumstances that they become life threatening. In the pharmacy we are most likely to encounter two or three of the most common and harmless fungal human parasites.

While not dangerous, they can be unsightly and interfere with daily life and relationships. They are athlete's foot and thrush, referred to medically as

Tinea pedis and *Candida albicans*.

Causes

● **Athlete's foot** is a condition caused by a member of the *Tinea* fungus family. The curious feature is that the symptoms of athlete's foot are asymmetrical. That means that the condition is different on each foot. What started out as just a slightly itchy lesion between the toes can develop into a fulminating, infected raw area with large water blisters covering all the interdigital webs and the arch of the foot, if neglected.

No matter the severity, all patients should be advised to wash their feet regularly, and frequently, drying them well and paying particular attention to the webs between the toes. It is highly

contagious, as the fungal spores can be transferred from person to person by the fragments of skin that are shed by the foot. It can also be transmitted by indirect contact through towels or flannels, hence the need for separate towels, socks and scrupulous hygiene.

● **Thrush** is caused by an overgrowth of the yeast-like *Candida albicans*. The most common site of infection is the female vagina.

In the early stages the patient will describe a sore or itchy sensation 'down below' which, if untreated eventually produces a thick white discharge. Other women will complain of dryness of the vagina or pain when passing urine.

It is estimated that 50 per cent of all women between adolescence and retirement age will develop thrush at some time with the most unlucky ones succumbing once a year, every year. Wearing tights has not helped as the synthetic material helps create a moist warm environment, perfect conditions for fungal growth.

It is quite normal for an attack of thrush to follow a prolonged course of oral antibiotics. The antibiotics

disturb the body's natural flora and fauna of germs, moulds and bacteria and thereby allow an overgrowth of candida. It is not a new infection at all. The fungus was there in a dormant state all the time, but, when the conditions changed and became more favourable, the moulds flourished. That's nature. Anti-inflammatory steroid therapy can also trigger an overgrowth of thrush. Diabetics also are more likely than others to suffer from thrush, as are the pregnant.

Another often overlooked trouble spot is the nailbed. Prolonged immersion of the hands in water causes the nail fold, the cuticle, to lift away from the nail plate, the nail. This opens up an area which is ideal for candida. It is warm and moist. Once established, the mould grows and the patient describes a painful swollen area at the base of the nail(s) which can be expressed to exude a small bead of pus. Unless the condition is treated, damage to the nailbed is likely and the new nail will grow with a distorted and unsightly profile.

Who is affected?

Thrush is not uncommon in infants too. The symptoms in the new-born are milky white spots in the mouth, on the tongue and around the inside of the cheek. A positive diagnostic test in the

Continued on P16 →

Self help measures for thrush sufferers

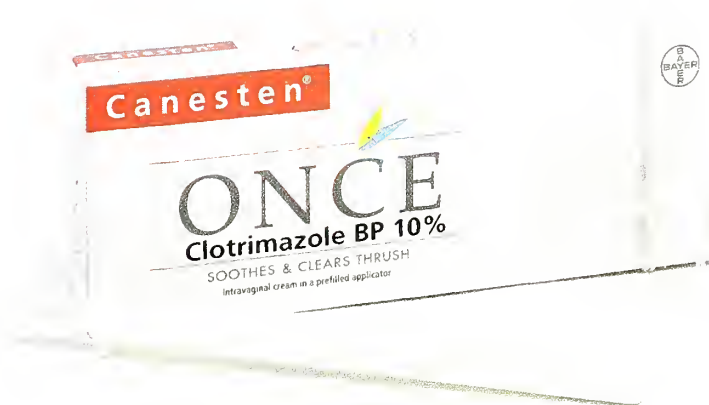
- Avoid excessive use of perfumed bath preparations or vaginal deodorants
- Opt for natural fabrics such as cotton in preference to synthetics like nylon
- Wear stockings instead of tights
- Avoid tight-fitting jeans or leggings – instead opt for cool, loose-fitting clothes
- After a bowel movement always wipe from front to back to reduce the risk of infection

Aims

After reading this article you should:

- recognise the symptoms of the two common fungal infections – athlete's foot and thrush
- know when it's appropriate to refer a customer seeking an anti-fungal treatment or suffering a fungal infection
- be familiar with the anti-fungal treatments on your shelves – their active ingredients and their correct use
- be able to advise customers on self-help measures to prevent re-infection and recurrence of thrush or athlete's foot

Can once be enough to cool and clear thrush fast?



£7.49

Once
With new Canesten it can.
1

Now Once is enough to cool and clear thrush fast without interactions. Millions of women already use clotrimazole cream to relieve thrush symptoms, so the soothing Once formulation makes it the ideal

recommendation for those who'd prefer a single-dose, non-systemic cream treatment. In trials, 79% of first time Once users said they'd definitely use it again! It has never been easier to recommend Canesten.

Product Information. Canesten® Once contains clotrimazole 10%. **Indications:** Treatment of candidal vaginitis. **Dosage and Administration Adults:** Insert the contents of the filled applicator (5g) intravaginally. **Children:** Paediatric usage is not recommended. **Contra-indications:** Hypersensitivity to clotrimazole. **Warnings and Precautions:** A physician should be consulted if this is the first time the patient has experienced symptoms of candidal vaginitis or if any of the following are applicable: more than two infections of candidal vaginitis in the last six months, previous history of or exposure to partner with a sexually transmitted disease, pregnancy or suspected pregnancy, aged under 16 or over 60 years; known hypersensitivity to imidazoles or other vaginal anti-fungal products. Medical advice should be sought if the patient has any of the following symptoms: irregular vaginal bleeding, abnormal vaginal bleeding or a blood-stained discharge, vulval or vaginal ulcers, blisters or sores, lower abdominal pain or dysuria, any adverse events such as redness, irritation or swelling associated with the treatment, fever or chills, nausea or vomiting, diarrhoea, foul smelling vaginal discharge. If no improvement in symptoms is seen after seven days, the patient should consult their doctor. **Side-effects:** Rarely, local mild burning or irritation immediately after use. Hypersensitivity reactions may occur. **Use in Pregnancy:** Only when considered necessary by a physician. Extra care should be taken when using the applicator to prevent the possibility of mechanical trauma. **Cost:** £4.27. **MA Number:** PL 0010/0136. **MA Holder:** Bayer plc, Consumer Care Division, Newbury, Berkshire, RG14 1JA. **Legal Category P** **Date of Preparation:** February 1999

1. Data on file.

Self-help advice for athlete's foot

- After washing feet, dry them carefully, paying particular attention to the area between the toes
- Use your own towel and do not share it
- Natural materials such as cotton socks and leather shoes allow the feet to breathe. Synthetic materials create warm and moist conditions that are ideal for fungal growth
- Socks should be changed daily and washed before being re-used

Continued from P14

surgery is to see if the plaques can be gently scraped off using a tongue depressor. A baby with oral thrush who is being breast-fed can pass the infection on to its mother and then both will require anti-fungal treatment.

It's easy to overlook the plight of the male partner of a woman with thrush. After a short period of incubation, the male partner will report an extremely itchy member which he has probably scratched red raw in desperation. Fortunately, the condition is easy to fix with our modern pharmacy medicines. One word of warning; unless both partners are treated simultaneously and effectively, the one with the remaining condition will re-infect the other.

Tinea treatment

The ageless treatment for athlete's foot and ringworm (another Tinea infection) was Whitfield's Ointment. A greasy ointment containing benzoic acid, it is not a modern treatment and it is unpleasantly greasy during the day, but it works! Also, if the customer has faith in it (and it is safe), who are we to argue?

Slightly more modern was the use of the long chain organic acids which you can identify in creams and talcs – decanoate and undecanoate, or a newer variant – tolinaftate. Check your shelves for examples of products containing these antifungals – Mycil Ointment, Powder or Athlete's Foot Spray; Mycota Cream, Powder or Spray; Scholl Athlete's Foot Powder, Spray or Cream; or Tinaderm Cream, Tinaderm Plus Powder or Powder Aerosol.

Toepede Cream, containing a mixture of benzoic acid and salicylic acid, took the market by storm, but do remember that there can be problems of

hypersensitivity reactions with salicylic acid.

Benzoyl peroxide and salicylic acid preparations have a small, but almost patriotic, group of followers. Hydrocortisone is not recommended for tinea.

The modern treatment of choice for tinea infections is the imidazole family of antifungals. Familiar active ingredients and brands are:

- **Clotrimazole** – Canesten AF products, Wallis Athlete's Foot Cream
- **Econazole** – Ecostatin Cream, Pevaryl products
- **Miconazole** – Daktarin Dual Action products
- **Ticonazole** – Trosyl Dermal cream.

They are very effective, but then so are the spores of the moulds, hence the reason for advising that treatment should be continued for two weeks after all the symptoms have gone.

In some cases, the tinea does not respond to OTC preparations and the patients will need to see their GP for a more potent preparation.

Treatment of thrush

Thrush was traditionally treated by recolonising the affected area with the naturally occurring flora and fauna. The mechanism was to apply yoghurt.

For oral thrush nowadays we tend to use Nystatin, available only on prescription, or the more modern oral imidazole gels.

For vaginal thrush, again, the imidazole antifungals are the treatments of choice.

- **Clotrimazole** – Canesten products
- **Econazole** – Ecostatin Cream, Gyno-Pevaryl cream
- **Miconazole** – Femeron Cream and Soft Pessary.

There are pessaries, creams, ointments, gels and combi-packs containing both pessaries and creams. Familiarise yourself with the various products and how they are used and in what situations they are most appropriate. For example, new to the Canesten range is Canesten Once which is a one-shot treatment of 10 per cent clotrimazole cream and is suitable for women who do not like pessaries but still prefer a vaginal treatment.

When applied internally some anti-fungal preparations, in particular miconazole, can damage rubber contraceptive products such as condoms or diaphragms, reducing their efficacy.

There is also a single dose capsule of fluconazole

Action points

Now that you've updated your knowledge on fungal infections and their treatment, why not put your learning into practice

- Review your pharmacy protocol with your pharmacist and see if there is a need to update it with new product information or procedures.
- With summer nearly here and more people using swimming pools, why not create a window display or promotion to highlight the problem of athlete's foot? Or alternatively, co-ordinate it with Foot Health Week which runs nationally from June 5 to 12 (see News page 4).
- If your shop is near a swimming pool or fitness centre why not contact them about displaying some material on athlete's foot – its prevention and treatment

(Diflucan One) which is widely advertised on TV, available OTC. It, too, is remarkably effective, but more expensive than vaginal treatments.

Who to refer

OTC products can be used to safely and effectively treat fungal infections in the majority of patients.

However there are certain patients and circumstances where you should refer them to the pharmacist, their GP or practice nurse for further investigation.

The WWHAM questioning technique will identify most of the referrals almost by default. When you ask "Who's it for?", give a thought to the most delicate way of asking about pregnancy. At work, we have always found that the way to rephrase a pointed question is to turn it around and say something along the lines of: "Here are the preparations – some should not be used by those who are, or may be, pregnant. Is that alright?"

The hormonal changes brought on by early pregnancy, possibly before the woman herself is even aware she is pregnant, can increase the incidence of thrush. In fact one in five women will suffer their first attack of thrush when pregnant. According to research commissioned by Canesten three-quarters of women do not consider whether they could be pregnant when seeking OTC medication and even if they thought they were pregnant, as many as one woman in ten would not volunteer the information to pharmacy staff. It's up to us to be more vigilant as the research also found that almost half of the women surveyed said they have never been asked if they were pregnant when seeking OTC treatment.

"How long has the patient had this condition?" is another way of asking a delicate question. If the infection has been there for a long time, or keeps

recurring, it's a definite pointer for referral. You, too, can help by saying, "When you have seen the doctor (or nurse now), come back to me and I can go through the after-treatment with you". You would be thinking about the personal hygiene factors, the way the spores of some fungal infections remain in sports shoes, in socks, on towels, in the bath and all the other domestic issues the practice would not have had time to explain in detail to the patient.

Severe or intractable symptoms need referral, as do those patients whose immune system may be compromised. Don't overlook the diabetics. We always think about the condition of diabetic neuropathy when selling proprietary corn cures to diabetics. Diabetics also tend to have a poor circulation in their extremities so infections may occur more often and get out of control. Think on and refer all diabetics, just in case.

Pharmacy protocols

Protocols have a real value in today's OTC sales. They guide us, on our side of the counter, along the path of a logical progression to the right answer. In a sentence, your protocol on fungal infection treatments will make sure that the right patients are given the most appropriate advice and treatment for their condition. Everyone benefits.

Thrush referrals

- First time sufferers
- Pregnant and breast feeding women
- Patients under 16 or over 60
- No improvement within seven days
- Recurring attacks – more than two in the last six months
- Women who have blood stained discharge or irregular vaginal bleeding
- If the thrush is accompanied by diarrhoea, vomiting, abdominal pain, fever, chills or difficulty passing urine

SURVIVAL KIT



To survive in pharmacy you have to use your most primitive business instincts. One of which is to recommend reliable brands to valued customers. Rhône-Poulenc Rorer supply four such brands, all offering excellent sales opportunities throughout summer.

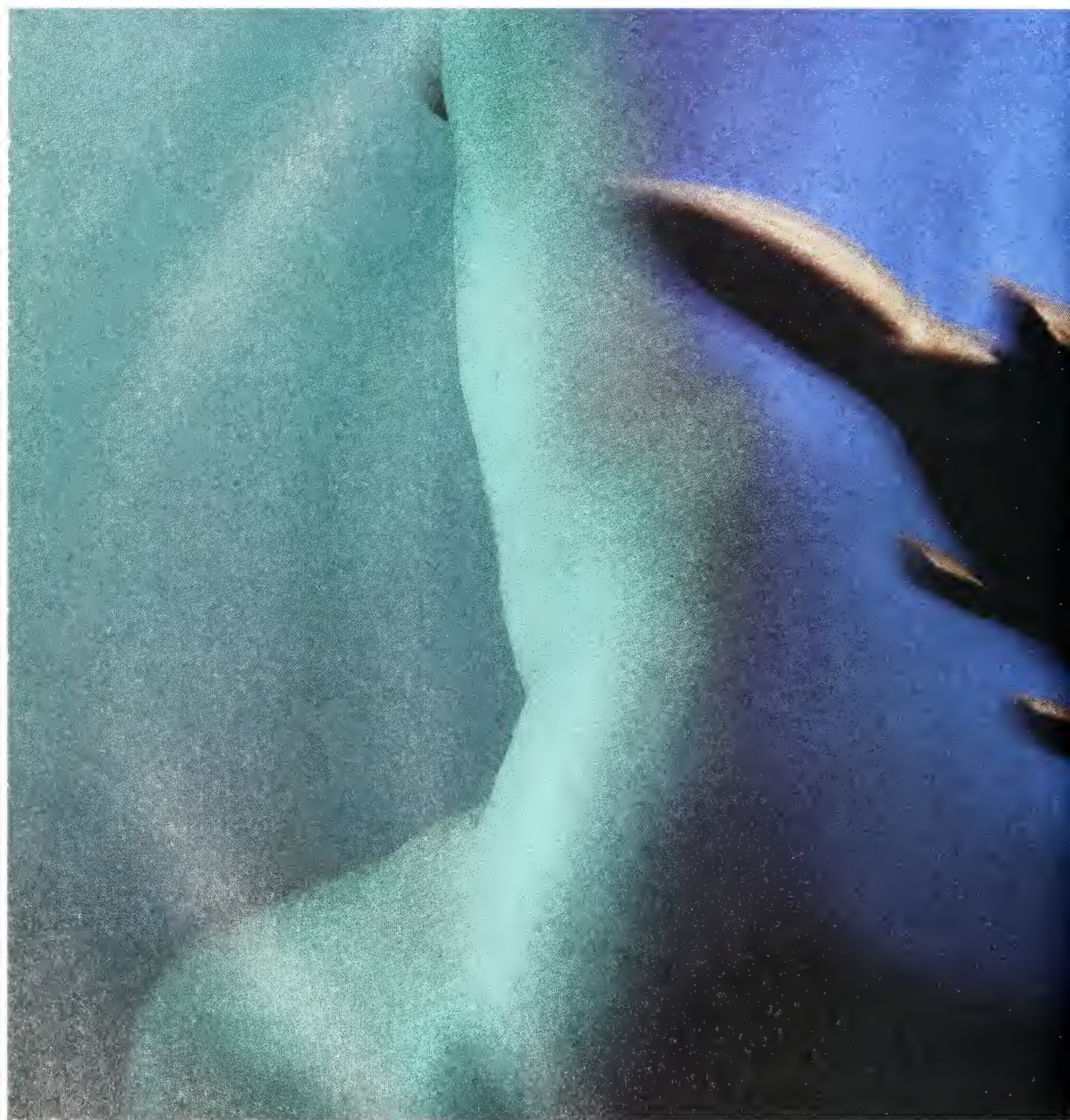
Anthisan with 60.1%* of the bites & stings market. Opticrom with 69.5%* of the sodium cromoglycate allergy eye drop market. Brolene with 86%* of the infected eye market. And Dioralyte with 74.3%* of the oral rehydration market.

Support and merchandising materials as always will be on hand from the Fisons sales force. And urgent stock supplies can be had from your local representative or by calling telephone 0990 133347.

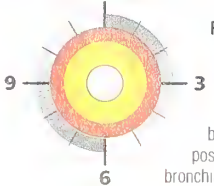
Rhône-Poulenc Rorer. Helping to keep pharmacy business alive.



All the way to Hong Kong on on



up to 12 hour pain relief



PRODUCT INFORMATION FOR NUROFEN LONG LASTING. **Nurofen Long Lasting:** Each capsule contains 300mg ibuprofen. **Indications:** For the effective relief of backache, dysmenorrhoea, migraine, headache, dental pain, non serious arthritic and rheumatic pain, neuralgia, and muscular pains. **Dosage:** Adults, elderly and children over 12 years: One or two capsules taken twice daily. The capsules should be taken together with water and swallowed whole. Do not chew or suck the capsules. Do not take more than 4 capsules in 24 hours. The capsules should be at least 8 hours between doses. Not suitable for children under 12 years of age. If symptoms persist consult your doctor. For oral administration. **Precautions and Warnings:** Patients with existing, or a history of peptic ulceration, hypersensitivity to any of the constituents, aspirin or other non-steroidal antiinflammatory drugs (NSAIDs). Patients with a history of bronchospasm, rhinitis, urticaria, associated with aspirin or other NSAIDs. Caution is required in patients with renal, cardiac or hepatic impairment. In these patients, the dose should be as low as possible and renal function should be monitored since it may deteriorate following the use of any NSAID. Bronchospasm may be precipitated in patients suffering from, or with a previous history of, bronchial asthma or allergic disease. The elderly are at increased risk of the serious consequences of adverse reactions. Undesirable effects may be minimised by using the minimum effective dose.

Dose of Nurofen Long Lasting



Backache is a very common problem, even more so in old age. But staying free of pain the whole day is something everyone is entitled to.

Just one convenient dose of Nurofen Long Lasting can ease pain for up to 12 hours.¹ Two capsules of the sustained release formulation provide a delivery of 600mg of ibuprofen, giving long-lasting relief for up to 12 hours.²

Nurofen Long Lasting can help sufferers of backaches, non-serious arthritic pains and other muscle and joint pains get on with their lives without the need for frequent re-dosing.² Why not let your customers benefit from pain relief for up to 12 hours on just one dose of Nurofen Long Lasting?

new

Designed to keep going

shortest possible duration. **Side effects:** *Gastrointestinal* Abdominal pain, nausea and dyspepsia. Occasionally peptic ulcer and gastrointestinal bleeding. *Skin* Pruritis, urticaria and rash. Rarely exfoliative dermatitis and epidermal necrolysis have been reported with ibuprofen. *Renal* Papillary necrosis which can lead to renal failure. *Others* Rarely hepatic dysfunction, headache, dizziness, hearing disturbance and thrombocytopenia. Bronchospasm may be precipitated in patients with a history of aspirin-sensitive asthma. **Product licence Number:** PL 00327/0101 **Licence Holder:** Crookes Healthcare Limited, Nottingham NG2 3AA **Legal category:** P **Price:** 12's £2.69, £4.99 **Date:** March 1999 **References:** 1. Nurofen Long Lasting Summary of Product Characteristics 2. Data on File, Boots Healthcare International, Study 1.



**CROOKES
HEALTHCARE**



i b u p r o f e n

Maintaining your C levels



From collagen formation to anti-oxidant activity, vitamin C is essential for the normal functioning of the body. Zita Thornton takes a look at this versatile vitamin

We swallow the tablets and drink juice and foods enhanced with vitamin C, but what does it really do for us? Quite a lot, for vitamin C has more uses than its popular winter role in treating colds.

In fact, vitamin C is essential for many of the processes which keep us healthy. It plays a role in maintenance of blood

vessels, gums, teeth and bones. It aids wound healing, is an important factor in controlling blood pressure, helps us to absorb iron and other minerals from the food we eat, and is a valuable antioxidant.

History of vitamin C

The first people to be given vitamin C therapeutically were sailors in 1601, who were given fruit juice while on board ship to prevent the skin disease scurvy.

This remedy was used again 150 years later by Capt Cook. It was another 60 years before the hypothesis was considered that the disease was due to a lack of an 'antiscorbutic substance'. Scientific trials to prove the hypothesis were not carried out until the beginning of the 20th century.

In 1920, following the discovery and naming of vitamin A and vitamin B the 'anti-scurvy' vitamin was named Vitamin C. Twelve years later its chemical constituents were identified and soon after it was given the scientific name ascorbic acid and produced synthetically in the US to become the forerunner of other synthetically produced vitamins.

During the second world war, fruit juice was once again issued to prevent vitamin C deficiencies, this time to young children and expectant and lactating mothers.

Vitamin C and colds.

The controversy surrounding the role of vitamin C in preventing colds has existed for decades, ever since Linus

Pauling claimed, in 1970, that colds could be eradicated with large doses of vitamin C. Since then many clinical trials have been carried out in attempt to verify this conclusion, with differing results.

The latest Australian review of 30 trials shows that, for most people, vitamin C does not prevent colds but large doses taken at the onset of a cold will reduce its length and severity. However, the authors say that the reduction could be as little as 8 per cent or half a day. This doesn't seem much, but when you are suffering from a cold, anything that makes you feel better helps.

There is also evidence that some groups, including children and those under heavy physical stress from

Natural sources of vitamin C

Vitamin C is not found in bread, cereals, milk, dairy products, meat or fish. Fruit and vegetables are good sources of this vitamin:

	mg/g
Brussels sprouts	44/100
Strawberries	77/100
Raspberries	32/100
Red Peppers (raw)	140/50
Tomatoes (raw)	25/150
Blackcurrants (stewed)	115/100
	mg
● One orange	90
● One mango	50
● One peach	30
● One grapefruit	128
● One kiwi fruit	60

work or exercise, do get fewer colds when they take vitamin C of between 500-1000mg, daily. For the rest of us, the amount most beneficial for treating colds is, again, debatable. Some say that very large doses of 8g a day taken at the start of a cold are most beneficial, while others believe that 1g or 2g a day is sufficient.

Antioxidant activity

Vitamin C is one of the most important anti-oxidants in the body. Anti-oxidants produce a wide range of benefits, including protecting the body from damage by an excess of free radicals caused by environmental factors such as pollution, cigarette smoke, UV rays, as well as the effects of alcohol and stress, and our own metabolic reactions.

Although a certain amount of free radicals are needed to maintain the body's immune response, too many can damage healthy cells. Sometimes our natural defences need the support of antioxidants. Those who participate in strenuous exercise are one group who may need this help. Injuries cause free radicals to be formed, as well as making the immune system work harder to repair the damage.

A study of athletes found that those who took antioxidants before exercising were able to perform better for longer and recovered from exhaustion quicker. It is recommended that this group take 2000mg of vitamin C for adequate protection.

Disease prevention

A winter increase in respiratory and heart disease in the elderly, thought to be due to an increase in winter infections, can be reduced by 10 per cent when vitamin C is taken. Nor are

particularly large doses necessary. Doses between 65mg and 90 mg daily are sufficient for protection.

Taking the recommended amount of vitamin C has been shown by studies to have a protective effect in the prevention of strokes in the elderly. Deaths from stroke were reduced by half in those who took the vitamin.

Another study showed that taking one gram of vitamin C and 800 units of vitamin E before a high fat breakfast eliminated the harmful effects of the big fry up.

Long-term supplementation with vitamin C over ten years can reduce the likelihood of developing cataracts by over 70 per cent as it saturates tissues of the eye and fights damage to the cells.

Requirements

The recommended dose of vitamin C in our diets varies between countries but in Europe is 60mg a day. Yet many of us are bordering on not having enough vitamin C, even in summer when fruit, a natural source of this vitamin, is plentiful.

Ideally we would get the recommended amount from fresh fruit and vegetables. One orange a day would give us what we needed. So would two kiwi fruits or 1oz of blackcurrants. Half a green pepper or 3oz of strawberries give us more than we need.

However, the reality is that many of us take only a daily summer average of 55mg, with even less in winter. This is partly because vitamin C in natural products is easily lost. Storage, cooking, even cutting fruit and vegetables too far in advance, causes this loss. It is therefore difficult to know how much we are actually getting from our diet.

On top of that, other factors, as well as the exercise mentioned earlier, can reduce the amount of vitamin C in our body. Stress and fatigue reduces the amount in our adrenal glands. Injury, surgery or burns elicit the levels in our blood. Smoking dramatically reduces reserves of vitamin C. It is recommended that pregnant women increase their vitamin C intake by 100 per cent.

If you wish to supplement your diet, vitamin C is available in a wide variety of presentations – chewable, soluble, powder, slow-release, capsules etc. Check out the products on your

shelves and familiarise yourself with their strengths and how they should be taken.

Redoxon Slow Release (20, £3.99; 40, £7.49) is back on the shelves with a new improved format. To comply with EC legislation Roche had to remove traces of a food colouring (E127) from the capsule shell and now only uses natural colours. So you may notice a slight difference in colour but the microcapsule technology of hundreds of tiny pellets dissolving over a period of eight hours remains the same. To be effective the capsules must be swallowed whole.

The Haliborange range includes tablets (20, £3.69) in orange, lemon and blackcurrant flavours, a hot high strength vitamin C drink with honey and lemon (10 sachets, £2.99) and various combinations – A,C and D. Vitamin C is often found in ACE products, combined with the two other important anti-oxidant vitamins A and E.

For the purists, HealthAid Ultrafine Vitamin C powder (60g, £2.99; 100g, £4.99) can be sprinkled on food or in drinks.

Even more tasty ways of consuming vitamin C are being created by confectionery

manufacturers. Bassett's Soft & Chewy Vitamin C pastilles (30, £1.55) contain 200 per cent of the daily allowance of vitamin C in a sugar-free orange flavoured base. The Halls range has been extended to include Citrus-C sweets (£0.44) in three fruity flavours – orange, lemon and grapefruit.

Side effects

It has always been thought that because any vitamin C we didn't need was excreted from our body in a matter of hours, there was no danger in taking very high doses and that 2-4g could be well tolerated. However, last year, a small study at Leicester University over a six week period showed that while 500mg daily of vitamin C showed beneficial effects, taking more than that could have the opposite effect. Whereas levels of one substance known to do damage to DNA dropped, levels of another surged.

Mild diarrhoea can be suffered by those taking large doses of vitamin C. Those who do suffer in this way may prefer brands that include the formulation Ester-C which is less acidic, more easily absorbed and retained in the body longer. It is available as 500mg capsules (90, £12.95) or in a powder form (100g, £17.95).

Skincare with vitamin C

Ever since sailors suffered from scurvy on long voyages due to a lack of fresh fruit, the role of vitamin C in skin health has been well known. However it's only relatively recently that its application topically on the skin has been studied. Researchers found that when vitamin C was applied to elderly skin, skin cells were renewed faster. This has implications for the repair of damaged skin due to the sun and perhaps even wound healing and skin cancer.

In the meantime, cosmetic manufacturers have realised its potential for reducing fine lines and wrinkles. In one small study, a compound Cellex-C, containing a form of the vitamin C molecule L-ascorbic acid with zinc and tyrosine, was found to have these beneficial effects when used over an eight month period. Although not an overnight cure, improvement to the skin can be seen after three months use of this compound.

Skincare products incorporating vitamin C are already starting to appear on the shelves. Christian Dior's new 'radiance activator', Vitalimine (30ml, £25), includes an 'energised' form of vitamin C to help your skin 'glow'. The vitamin C is used in a stabilised form and combined with ATP, vitamins B5, B6 and B9, magnesium, anti-oxidant vitamin E and Photonyl, a natural photo-protective complex. A fresh citrus fragrance adds to the sensation of applying the fluid.

Ambre Solaire Revitalising After Sun Milk with Vitamin C (200ml, £5), the first aftersun with Vitamin C technology is said to help tone skin, restore freshness and elasticity.

Cosmetique Active has combined Retinol and vitamin C in a new Vichy day care cream. Vichy Reti.C (30ml, £17.50) is seen as a technological breakthrough by the company because it combines pure retinol (vitamin A) and pure vitamin C in their stable and active forms. The pure vitamin C in the cream is a natural exfoliator and helps to leave the complexion natural and glowing.

Irene Gari's new Vitamin C Skin Care Collection combines vitamin C in a pure and concentrated form with ginseng and ginkgo, which is said to help boost the circulation, along with vitamin E. The range includes a face cream (45g, £5.50), Eye Gel (15g, £5.50), Serum (30ml, £7.95) and Lip Conditioner (4g, £2.90).

Body work for summer

When the sun comes out and the layers come off, you want to look your best. Don't despair, *Arne Mullee* can help you achieve the body beautiful for summer

That peculiar British urge to cast aside our clothes as the sun makes its first appearance of the year is no surprise given our chilly climate. But early summer is a time to assess the legacy of winter and take precautions and remedy problems. No-one needs to be told that these days, sun exposure is a risky business, but if you follow our handy guide to a great summer body, you can enjoy the sunshine without feeling guilty – and you'll feel great.

First steps

It's easy to forget about dry patches, cellulite and stubbly legs when everything is hidden by winter woollies. The first step towards getting the body into peak condition is to practice regular exfoliation and moisturising.

Holistic therapist Bharti Vyas has a terrific and effective recipe for a home made exfoliator which will leave skin feeling smooth and gorgeous: Mix three tablespoons of oatmeal (porridge oats) with three teaspoons of almond oil in a bowl. Use the mixture to exfoliate the legs, arms, hips and bottom by rubbing it in long, circular sweeping strokes. Remember to always stoke the skin towards the heart. Rinse off in the shower, then apply a slathering of intensive body moisturiser.

If you're not DIY-inclined, try Cyclax Nature Pure Apricot Facial Scrub. A 300ml tub only costs **£3.99** so you can afford to be generous with it.

To keep the skin looking and feeling soft and supple it must be moisturised. During the day the skin loses moisture through sweat and evaporation, particularly if you're working in an environment with little natural air.

Soaps and shower gels can dry the skin, which is why a new generation of moisturising body washes has been developed that

promise to clean and moisturise the skin. Body washes such as Oil of Olay Daily Renewal Body Wash (300ml, **£4.49**; 400ml, **£5.49**) or Dove Cream Shower (200ml, **£1.99**) combine shower gel with a high percentage of body lotion. The Oil of Olay body wash, which is formulated with intensive moisturisers to help even the skin's tone and improve elasticity, is said to continue moisturising the skin for 24 hours after use. Aqua Source Body Wash (250ml, **£2.99**) has a nourishing system and promises to moisturise the skin 'all day long'.

Most of these products come with a 'puff' designed to exfoliate the skin while showering.

Alternatively, after bathing or showering, you could apply a moisturiser such as the new Palmer's Cocoa Butter Formula with Alpha/Beta Hydroxy & Vitamin E Moisturising Lotion (250ml, **£3.75**), which is formulated to improve the overall appearance of the skin and to help reduce skin roughness.

The alpha hydroxy acids help to exfoliate the skin's surface by stimulating initial cell turnover. The beta hydroxy acids help maintain this action to provide longer-term benefits. The alpha and beta hydroxy acids remove the dry, flaky skin, helping to rid skin of the excessive build up of dead cells that make it appear dull.

Beating the bulge

The battle between the medical fraternity and the beauty world about the existence of cellulite is unresolved. Yet for women with lumps and bumps on their thighs and hips, this is immaterial – we'd just like it to go, please! Even if cellulite treatments don't work miracles, there's no arguing that regular use of such a preparation can greatly improve the skin's appearance and tone, so for

summer nights

nodules, is used to stimulate the skin while the active ingredients in the soap are being released.

Smoothies

Once the tights are finally put away, it's time to de-fuzz legs and underarms – unless of course you're a die-hard Julia Roberts fan. Whether you choose waxing, depilatory creams or shaving, it's a safe bet you'd like the results to last as long as possible. A post-depilation treatment can help slow hair growth and keep you smoother for longer. Surgi-Hair Stop (79ml, £9.50) contains papaya extracts to aid exfoliation plus a mystery plant ingredient which promises to reduce hair growth after hair removal.

New from Immac this season are a new Hair Removal Gel-Cream (150ml, £5.69) which contains beads of moisturising jojoba to help smooth the skin after depilation and Skincare for

Ingrowing Hairs (150ml, £5.69), a moisturising cream which does exactly as it says on the pack. It's formulated with an AHA ingredient to prevent the skin growing back over the hair follicle and leaving you with unsightly bumps on your legs. It also contains Triclosan to prevent infection of the hair follicle.

Dare to bare feet

Winter is not kind to our feet. Cooped up in socks and boots, calluses and dry patches can quickly form creating unsightly toes and sore, cracked soles. A serious pedicure is in order, which you can easily perform at home.

Add a few drops of peppermint essential oil to a basin of warm water and soak your feet for about twenty minutes. Then take a pumice stone or a foot sponge (we love Newtons Foot Therapy Chiropody Sponge, £2.10), wet it and firmly rub rough patches on

heels and calluses. When rough skin has been dealt with, it's time to deal with your toenails. Just like a manicure, wayward cuticles need to be pushed into place with a hoof stick, and nails need to be trimmed and shaped. Remember to cut toe nails straight across to minimise the risk of ingrowing nails.

Next, deal with foot dehydration with a dollop of rich moisturiser such as Scholl Deep Moisturising cream (75ml, £3.79) or Ahava Foot Cream (100ml, £8.50) massaged generously into each thirsty foot. Or try almond oil blended with a drop of lime essential oil for a refreshing and invigorating rub. Finally, stick some nail polish into your toe nails so they can peek out of your summer sandals. Super quick-drying formulations such as L'Oréal Jet Set (£4.99) or the reformulated Rimmel 60 seconds (8ml, £2.29) mean no wasted time.

Faking it

Ten years ago, recommending a fake tan was tantamount to condemning the wearer to beauty limbo. Happily, self-

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many of us they are at least worth a try.

Estée Lauder's Re-Nutriv Intensive Lifting Body Creme (£100, 250ml) is pricey, but makes the skin feel fabulous. Dr Daniel Maes, Estée Lauder's Vice President of Research and Development, is particularly excited about the benefits of Phytohingosine in the product. This "helps prevent damage to collagen in the skin caused by the activity of collagenase".

Naturally the real solution, regular exercise, is much tougher to deal with. However, even a little gentle exercise will make a huge difference, improving skin tone and generating zest and energy. If you can't get to the gym, try walking, cycling or even a vigorous spring clean. Fitness experts agree that 20 minutes three times a week is ideal, but do increase your exercise periods as you feel up to it.

As poor circulation is often associated with cellulite or 'lumpy legs', a brisk scrub with a face cloth or body brush can help. A more refined version is Elancyl's Cellulite Toni Compact – (£17.99) where the soap holder, studded with rubber



Continued from P23

tan preparations are now so advanced that you really cannot tell the difference between them and an illicit 'real' tan.

Once you've exfoliated and moisturised, you can apply a self-tanner confidently in the knowledge that you won't be turning Tango orange complete with streaks. Among the most successful available is Ambre Solaire's Express Spray Bronzer (100ml, £6.99), brilliant for paler skins. It contains AHAs to maximise efficacy and ensure an even application and the anti-oxidants vitamins A and E and oil of apricot for a soft, lustrous look.

Protect, protect, protect

Even if you do choose to fake the real thing, it's almost impossible to resist the lure of the sun. Anybody unaware of the dangers of unprotected exposure however, can't have picked up a magazine over the past eight years.

As well as the very real risk of melanomas and other forms of skin cancer, it is now irrefutable that the sun plays a major part in contributing to premature ageing. It is vital, therefore, that you wear sun screen at all times – not just during the

summer, but throughout the rest of the year as well.

Protection factors are also important. A minimum Sun Protection Factor (SPF) of 15 is advisable, higher for children or those with very pale skin. Nivea's Sensitive Sun Solution SPF 16, Water Resistant (200ml, £9.99) is free of PABA (an ingredient that can aggravate eczema and psoriasis).

The mouth is often forgotten when even the most diligent sun-worshipper layers on the sun block. Choose a lip salve with a high SPF to go with your artillery of protection. Nivea's Lip Care Sun (£1.79) or Uvistat Lipscreen (£3.99) will prevent the UVA and UVB rays damaging the sensitive skin of the lips. If lips are prone to dryness or chapping, make sure you carry a lip balm such as Carmex (£1.99) or Palmers Cocoa Butter Lip Balm (£1.55).

Turn to our sun protection feature on pages 8 and 9 for more information.

Crowning glory

Your hair can suffer during the summer as well, and we don't just mean months of bad hair days. Pollution is worse in summer, which means that not only can our tresses be dried out by sunshine causing colour to fade, but the hair will pick

up plenty of unseen dirt as well.

Shield hair from this onslaught with a protective spray like Pro Tec Sun Protector (300ml, £4.99) or Schwarkopf's Bonacure Keep Sunscreen SPF6 (200ml, £6.45).

For coloured or highlighted hair L'Oréal has introduced Elvive UV Filter shampoo and conditioner which protects your hair and colour from the effects of UV light from the sun.

Summer metallics

The hot colours for this summer are rich and summery – bronzes and golds reminiscent of summer on the Croisette at Cannes. First though, it's essential to use a good base, again with an SPF. Elizabeth Arden's SmartWear Makeup SPF15 (30ml, £19.50, six shades) boasts a near perfect match to skin tone thanks to its Unique Emulsion System which comprises soft focus particles and antioxidants. Instead of a matte, translucent powder, try a bit of sparkle with a dusting powder like Nina Ricci Golden Dusting Powder (£19.50, available from June 7). Alternatively, dispense with liquid make-up altogether (but don't forget sunscreen!) and add shine with Rimmel's Shimmering Body Mist (£2.99) applied to the face.

Lavish toe and finger nails with a dash of molten bronze or gold. We love Lancôme's Vernis Zapping Zanzibar 17 (£9), Rimmel's Sunshimmer Nail Polish (£2.39, four shades) and Revlon's Bronze Fever Nail Polishes (£5.95, four shades, a limited edition

Problem busting patches

Some summer problems can be treated with that great 90s innovation, the patch. We think the following are a brilliant addition to your summertime box of tricks:

● **Mozzie Patch (£2.86 for 12)** – beat the biters with the stick-on solution to nasty bites. Contains citronella to dissuade irritating insects so no unsightly red spots.

● **Lancôme Patch Contrôle Targeted Anti-Blemish Skincare (£12)** – the perfect solution to dealing with spots on backs and legs. Simply apply before bed and wake up to clearer skin.

● **Compeed Psoriasis Plasters (£6.95 for six)** – the sun can be brilliant for treating psoriasis, but for up to 20 per cent of sufferers, it simply makes things worse. These flesh coloured plasters help soothe the broken skin while protecting from the sun.

● **If a spot threatens to ruin a special day Synergie Pure Express Patch (24, £5.99)** could be the answer. The small adhesive transparent discs are applied directly to the spot before a good night's sleep. The active ingredients of anti-bacterial Triclosan and camomile help stop the spread of bacteria and soothe the skin while the patch dries out the spot.

only available from June 16 - July 13).

Finally, for eyes, the bare look is best – for a natural, dewy look though, try a smidgen of Vaseline rubbed on the eyelids.



An essential travel kit



Whether you're driving to Devon or jetting to Jamaica, Maria Murray discovers how a few carefully chosen essential oils can make travelling a little bit easier

Eve Taylor, the aromatherapy specialist, is an experienced and regular traveller so is only too familiar with the side effects of long haul travel and how to use aromatherapy oils to minimise the effects. Eve explains: "I prefer using some of my ready blended aromatherapy products rather than pure essential oils when travelling as they can be used directly on the skin.

"When I travel I ensure I'm wearing loose fitting and comfortable clothes and shoes as I find this helps me to remain at ease and relaxed, which is an essential part of long haul flying."

As long haul flights involve length periods of

sitting down combined with high altitude, body fluids run to our ankles and make them swell. To avoid this Eve uses a couple of drops of Specifics 302, containing cypress, sweet fennel, cinnamon, grapefruit on her ankles and lower calf area at the start of the flight. It also helps to do some simple ankle exercises, such as rotating your feet using circular movements, at regular intervals throughout the journey, and to get up and walk around.

For some people sleeping on the flight can alter their sleep patterns and result in severe jet lag so they prefer to remain awake in the air and adjust on land. For this purpose leading aromatherapy expert Robert Tisserand suggests applying a few drops of peppermint oil to a tissue and inhaling.

During the flight the recycled cabin air can make your skin feel dry and dehydrated. Nelson & Russell's Rose water Facial Spritz, a blend of rose essential oil and pure spring water, helps soften and refresh your skin.

Once you've landed you may feel tense and

exhausted, yet because of the time difference you may not be able to sleep.

Applying a few drops of lavender oil to a tissue and inhaling or, if you're lucky enough to be travelling in comfort, a few drops in a bath will help you relax.

On holiday

One of the big bugs (excuse the pun) when holidaying abroad is the insect population – particularly mosquitoes. Malaria, which is spread by mosquito bites, is not just a problem of the Third World. The number of cases of malaria in travellers returning to the UK is on the increase. In 1997 there were 2,364 cases of malaria, the highest level ever reported in Britain – 13 of these people died. Prevention is a lot easier than treatment, so insect repellents are essential.

Citronella is a powerful, natural insect repellent and Gerard House suggests adding a few drops to your bedding at night and a mosquito net is you are using one. Robert Tisserand favours applying the citronella oil neat to clothes.

If, despite your

precautions, you are bitten by an insect or get a nasty sting, Nelson & Russell advises using tea tree, lavender or camomile, applying one or two drops neat or on a compress. Lavender and tea tree are both acknowledged as antiseptics and camomile has anti-inflammatory and soothing properties. Tea tree oil has an anaesthetic action which helps reduce itching and soreness.

Feet first

Holidays may be a time for relaxation, but for most of us our feet rarely get a rest. If we're not exploring the local attractions by day, the chances are we're dancing the night away.

Peppermint oil has a cooling and revitalising effect so Gerard House suggests using the oil in a footbath to soothe sore and tired feet.

Using communal showers or changing rooms while on holiday can often lead to athlete's foot. Tea tree oil, often described as a first aid kit in a bottle, has fungicidal properties as well as antiseptic actions that makes it suitable for preventing or managing athlete's foot, which of course is a fungal infection. An added bonus is that washing your feet in a solution of tea tree oil can also solve the problem of smelly feet.

Get up and go

Whether you've been lazing on the beach or hiking through the hills all day your energy levels may need a little lift so you can party the night away. Try a few drops of mint, orange or rosemary in the bath or get into the shower with the new Nelson & Russell Refreshing Shower Treatment – a blend of lime, grapefruit and petitgrain.

And finally, if you've overdone it on the cheap cocktails or sangria and wake up the next day with the hangover from hell, Robert Tisserand suggests applying two drops of lavender oil to a tissue and inhaling.



Our consultant pharmacist **Mary Allen tackles the problem of diarrhoea at home, abroad and, of course, in the pharmacy**

Most people will have suffered with acute diarrhoea at some stage in their lives. Usually, attacks are short-lived and cause no overall harm to the sufferer, but they can be inconvenient and distressing, particularly if an attack occurs while on holiday or on a special or important occasion. A 'one-off' episode is usually due to a dietary indiscretion – eating foods that disagree with you, or to an infection ('food poisoning').

In the normal course of things, the food we eat passes through the gastrointestinal system (or gut) and is 'worked on' by various enzymes present in the gastrointestinal juices to break it down into usable chemicals. These are then

absorbed into the blood stream and used to keep our bodies healthy. The contents of the gut are very fluid until they reach the colon (large intestine), when large quantities of water are absorbed into the blood stream. This results in the usual well-formed stools that are passed during defecation.

When diarrhoea strikes, this absorption of water (and of vital body chemicals) doesn't happen for one reason or another. This means that, unless the attack is very short-lived, the sufferer runs the risk of becoming dehydrated and of suffering an electrolyte imbalance. Electrolytes are chemical substances, and our bodies need several for the maintenance of healthy body functions. Sodium and potassium, in particular, are important electrolytes and a change in the amounts of either of these can cause serious damage to the way our bodies work.

True diarrhoea involves the passage of increased amounts of loose stool – more than 300g in 24 hours

Aims

After reading this article you should:

- understand what causes diarrhoea
- be able to tell the difference between acute and chronic diarrhoea
- understand why oral rehydration therapy is first-line treatment for diarrhoea and its correct use
- know how loperamide and other anti-diarrhoeals work and when they are appropriate
- be able to advise travellers on self-help measures to avoid diarrhoea when abroad
- be aware of what conditions are associated with chronic diarrhoea
- know which patients should be referred to the pharmacist or GP and when

(although I doubt most people would think to weigh it at the time!). This differs from the frequent passage of small amounts of stool, which may occur in functional bowel disease.

Diarrhoea may be acute or chronic. Acute diarrhoea is the more common and is usually self-limiting. Eating the wrong thing such as hot spicy foods or too much alcohol are frequent causes. The other main cause is via an infection, usually a virus, although diarrhoea occurring abroad may be bacterial in origin or caused by other organisms. Even in this country, bacterial diarrhoeas occur – such as

those caused by *salmonella* or *Escherichia coli* – and these are generally more serious.

You will probably remember hearing items on the national news about families and friends infected (sometimes fatally) by eating contaminated foods at gatherings such as weddings. Stress may also be a cause of diarrhoea, and sometimes it may be a side-effect of certain medicines, particularly antibiotics.

Sufferers of acute diarrhoea may also experience other symptoms such as nausea and

Continued on P28 →

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Action points

Once you've updated your knowledge of diarrhoea and its treatment, why not take some action to put your learning into practice?

- Always check who the diarrhoea treatment is for, particularly if it is being bought by a young mother
- Spend a few minutes when the shop is quiet looking at the diarrhoea products on your shelves. Check out the active ingredients of each brand and work out what type of treatment each one is – oral rehydration, loperamide etc.
- When customers are buying holiday items such as anti-malarial medicines or sun protection, remind them of the advisability of taking oral rehydration products and loperamide with them
- If you do not already have a procedure in place discuss with your pharmacist how to dealing with customers you suspect of abusing laxatives

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vomiting, abdominal cramps and headaches, sometimes with a raised temperature.

The recommended first-line treatment is a 24-hour fast – ie no food for 24 hours, but taking on board plenty of water and soft drinks. This allows the body to eliminate the cause and to recover. Milk must be avoided during this period. Food should then be reintroduced slowly, avoiding fatty or rich foods.

When loss of fluids and electrolytes is great, the sufferer is more likely to suffer headaches and tiredness. The old and the very young are particularly vulnerable. Anyone asking for advice relating to these customer groups must be referred to the pharmacist (who may wish to refer them on to the doctor).

Chronic diarrhoeas – those lasting longer than a couple of weeks – may result from certain diseases affecting the bowel and need medical attention.

Treatment

Treatment of choice is with oral rehydration solution. There are a number of these available for over the counter sale, including Diocalm Replenish, Dioralyte, Dioralyte Effervescent tablets, Electrolade, Entrocalm Replace and Rehidrat.

All contain salts of sodium and potassium together with glucose, which aids the absorption of sodium and water from the intestine. Patients should always be asked about any other medication and anyone taking other medicines should be referred to the pharmacist. Solutions must be made up very carefully according to the individual manufacturer's instructions, and can then be drunk freely while the body recovers. Children should aim to drink a solution made from one sachet after each bowel

movement, while adults may need more.

To make these bland solutions more palatable to children and improve compliance, flavoured versions are available, such as new raspberry and blackcurrant flavours of Dioralyte Relief or the orange and blackcurrant Rehidrat. Solutions used for very young children and babies should be prepared using freshly boiled and cooled drinking water.

Normal feeding can continue as soon as the fluid loss has been corrected. Babies who are breast-fed can continue with breast feeds in between oral rehydration drinks.

Other over-the-counter medicines treat diarrhoea by slowing down movement in the gut allowing more fluid to be absorbed from the stools, or by adsorbing some of the toxins produced by infective agents. It is important not to use these medicines too soon, giving the body time to eliminate the cause.

Loperamide is a useful medicine for short-term treatment for adults with acute, uncomplicated diarrhoea. It is available as Arret, Diasorb, Diocalm Ultra and Imodium.

Combination products containing an opiate derivative, such as (very low-dose) morphine and adsorbents such as attapulgit or kaolin, and/or antimuscarinic drugs such as hyoscine (which slows down

the movement in the gut), include Diocalm Dual Action, Enterosan, Kaopectate and KLN suspension. Adsorbents are generally not recommended these days for acute diarrhoea. Imodium Plus combines loperamide with simethicone to control bloating and cramps.

It is worth spending time looking at the products in your pharmacy to see what type each one is. Often, different types may have similar names, so it's important to understand how each works; that way, you can provide informed advice for your customers (table 2 should help).

Use WWHAM

Always remember to check who the product is for. Babies and small children can become dehydrated very quickly (after only a few hours); the fluid loss may represent a large proportion of their body weight. The frail elderly are also vulnerable, particularly if they are also taking diuretics (water tablets), which may already be affecting their body electrolyte levels. Also remember the other WWHAM questions, in particular how long the symptoms have been present, whether onset was sudden and whether the sufferer is taking any other medication. Asking customers whether they have been abroad recently may also be helpful.

All abroad

Travellers abroad can help themselves by careful attention to hygiene, particularly when visiting under-developed countries. They should also be advised to avoid fresh fruit or vegetables and to ensure careful washing in bottled water. They should stick to bottled water for drinking and this includes making

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ESSENTIAL INFORMATION

Imodium™ Plus

Presentation: Chewable tablet containing Loperamide Hydrochloride Ph Eur 2mg and Simethicone USP equivalent 125mg polydimethylsiloxane. **Indications:** Imodium Plus is indicated for the symptomatic treatment of acute diarrhoea in adults and adolescents over 12 years when acute diarrhoea is associated with gas-related abdominal discomfort including bloating, cramps or flatulence. **Dosage and administration:** Adults over 18 Two tablets initially, followed by one tablet after every loose stool. Young adults age 12-18 1 tablet initially followed by one tablet after each loose stool. Not to be used for children under 12 years. **Maximum dose:** Four tablets in 24 hours, limited to no more than 2 days. **Contraindications:** Hypersensitivity to any component of the product. Acute dysentery characterised by blood in stool or high fever. Imodium Plus contains sorbitol and should therefore not be used in patients with sorbitol intolerance or fructose intolerance (i.e. in fructose -1,6-diphosphatase deficiency). Avoid when inhibition of peristalsis is undesirable. A ulcerative colitis or antibiotic-related pseudomembranous colitis. **Precautions:** In patients with (severe) diarrhoea, and electrolyte depletion may occur. In such cases, appropriate fluid and electrolyte replacement should be considered. Symptoms persist for more than 48 hours, treatment should be stopped and a doctor consulted. Imodium Plus should not be used during pregnancy or lactation on the advice of a doctor. Medical supervision is required in patients with severe dysentery. Diarrhoea should be treated cautiously if possible. Drugs prolonging intestinal transit time can interfere with development of a toxic mega colon. Discontinue if constipation and/or abdominal distension develop. **Side effects:** Nausea, hypersensitivity reactions (e.g. skin rash), headache, mouth, cough, chills, taste disturbance, constipation or abdominal distension. Rarely, paralytic ileus, usually following improper use. **Treatment of overdose:** If CNS depression or paralytic ileus occur following an overdose, naloxone can be given as an antidote. Repeated doses of naloxone may be required. The patient should be monitored for CNS depression for at least 48 hours. **Price:** 6 tablets £3.45, 18 tablets £7.95. **Legal category:** P. **PL:** 13249/0020. **PL Holder:** Johnson & Johnson MSD Consumer Pharmaceuticals, Enterprise House, Station Road, Loudwater, High Wycombe, Bucks, HP10 9

Imodium™

Presentation: Capsule containing loperamide hydrochloride 2mg. **Indications:** P Symptomatic treatment of diarrhoea associated with IBS in adults following a diagnosis by a doctor. P & GSL: Symptomatic treatment of acute diarrhoea in adults and children over 12 years. **Dosage and administration:** Adults and children over 12 years: capsules initially, followed by one capsule after every loose stool. Usual dose is 3-4 capsules per day. For symptomatic treatment of acute episodes of diarrhoea associated with IBS in adults: Two capsules initially, usual dose is 2-4 capsules per day in divided doses, depending on severity. **Maximum dose:** 6 capsules (GSL) in 24 hours. **Contraindications:** Hypersensitivity to any component of the product. Acute dysentery characterised by blood in stools for high fever. V. inhibition of peristalsis is to be avoided, in particular when constipation are present or when abdominal distension develops particularly in severely dehydrated children. Patients with acute ulcerative colitis or antibiotic-related pseudomembranous colitis. **GSL - do not use** if inflammatory bowel disease is present. **Precautions:** In patients with diarrhoea, especially young children, fluid and electrolyte depletion may occur. In such cases appropriate fluid and electrolyte replacement should be considered. If symptoms persist for more than 24 hours, a doctor should be consulted. It is not advisable to use Imodium during pregnancy, caution is advised if Imodium is to be administered to a nursing mother. Imodium must be used with caution when the hepatic function necessary for metabolism of the product is deficient, e.g. in cases of severe hepatic disturbance. Patients taking Imodium to control episodes of diarrhoea associated with IBS diagnosed by a doctor should consult their doctor if the pattern of symptoms changes, episodes of acute symptoms continue for more than 2 weeks or there is a need for continuous treatment of more than two weeks. **GSL - first treatment in acute diarrhoea is prevention or treatment of** and electrolyte depletion particularly in frail and elderly patients. **Side effects:** Abdominal cramps, nausea, vomiting, tiredness, drowsiness, dizziness, dry mouth and occasional hypersensitivity reactions (e.g. skin rash including urticaria) have been reported. Rarely, paralytic ileus, bloating, constipation have been reported. **Treatment of overdose:** CNS depression or paralytic ileus occur following an overdose. Naloxone can be given as an antidote. The patient should be monitored for CNS depression for at least 48 hours. **Price:** 2 capsules £1.00, 8 capsules £3.95, 18 capsules £6.35. **Legal category:** P & B. **PL:** 00242/0028. **PL Holder:** Janssen Cilag Limited, Sandertown, High Wycombe, Bucks HP14

Table 1. Refer to the doctor

Who	When
Infants under three months	immediately
Children under 12 months	diarrhoea lasting more than 24 hours
Children under 3 years	diarrhoea lasting more than 48 hours
Older children and adults	diarrhoea lasting more than 72 hours
The elderly	diarrhoea lasting more than 48 hours
Any customers	with blood in their stools

I'm

not sure why I have diarrhoea

This is a phrase that you will probably have heard many times. And as the vital link between your pharmacist and distressed customers, you're the one that is often expected to provide an effective response.

The launch of our new Imodium pharmacy educational campaign should help you considerably when next faced with a similar situation. It explains in simple terms the different causes of diarrhoea, and some of the remedies available. With this knowledge readily to hand you will then be able to quickly establish the cause of your customer's problem and then help them with confidence.

If you would like to receive one of our "I'm here to help" pharmacy support packs, just call us on 0800 3890030. Then next time a customer isn't sure of the facts, you will be.



Loperamide

Loperamide and simethicone

ice-cubes – it's easy to forget that these melt down and are consumed along with whatever drink they are chilling!

Travellers who are staying away from the main hotels may consider using water-purifying tablets. It is important to use these products accurately, according to the manufacturer's instructions.

Iodine can also be used to purify water – details of its use are given in the book 'Understanding Travel & Holiday Health' (Family Doctor Books, £2.49).

People intending to travel abroad will welcome advice on how to avoid diarrhoea. They may visit your pharmacy to purchase anti-malarial medicines or sunscreens – these provide useful opportunities to ask whether any other holiday items are needed.

As well as providing advice on good holiday hygiene, you should recommend that they carry with them an oral rehydration product, together with some loperamide capsules so that symptoms are minimised if they do get diarrhoea. Remember that loperamide shouldn't normally be used for the first 24 hours of the attack.

Patients suffering from chronic diarrhoea must always be referred to the doctor. Conditions that may include diarrhoea as a symptom include irritable bowel syndrome, ulcerative colitis, Crohn's disease, diverticular disease, some conditions where absorption is impaired, such as Coeliac Disease, and cancer of the



Travellers should ensure fresh fruit and vegetables are washed in bottled water

colon. Referral is, therefore, of the utmost importance to eliminate the possibility of cancer.

Not so long ago, we referred a lady who was frequently buying anti-diarrhoeal medicines. When we first suggested that she must see her GP she became quite shy and told us to mind our own business. We didn't see her for a few weeks and we were unsure whether she had simply gone elsewhere. However, she reappeared one day to say thank you – she had taken our advice and made

an appointment to see her GP. Tests showed she had cancer. The good news was that the surgeon reckoned it had been caught in time – any later might have been too late. Anyone who is middle-aged or elderly with a major unexplained change in bowel habit should always be referred to the GP.

Another cause of chronic diarrhoea is seen in young females who take high-dose purgatives in an attempt to lose weight. Many will go to great lengths to get hold of laxatives and will subsequently deny having

taken them, but they leave themselves at risk of electrolyte depletion as well as nutritionally compromised. You should look out for young women who are buying dubious or frequent quantities of these medicines and let your pharmacist know. One laxative abuser that I remember always used to come in just as we were closing, presumably in the hopes that we'd be too bothered about getting home to start asking awkward questions.

● 'Understanding diarrhoea' is a free 16-page booklet on the causes, symptoms and treatment of diarrhoea. Produced by the makers of Imodium and Imodium Plus, the booklet advises on traveller's diarrhoea, IBS and food allergies among other causes, and diarrhoea as a symptom of more serious illness.

Finally

Make sure you are on top of your diarrhoea medicines and know what to recommend for treatment. By knowing what to recommend and when to refer patients, you will help your customers to deal with an inconvenient and distressing complaint, and you never know – you may even help to save someone's life!

Table 2

Treatment	Acts by	OTC products available
Oral rehydration	Replacing fluid and electrolytes	Diocalm Replenish Dioralyte Dioralyte Effervescent tablets, Electrolade Entrocalm Replace Rehidrat
Loperamide	Slows down gut movement	Arret Diasorb Diocalm Ultra Imodium and Imodium Plus
Adsorbants eg kaolin, attapulgite	Adsorb toxins produced by infective agents	Entrocalm Kaopectate KLN (also contains sodium)
Combination products (contain opiate derivatives such as low-dose morphine together with hyoscine or belladonna and/or adsorbants)	Slows down gut movement; adsorb toxins produced by infective agents	Diocalm Dual Action Enterosan

showcase



A portable presentation for Gaviscon

New Gaviscon Liquid Sachets, each containing the 10ml recommended dose of peppermint Liquid Gaviscon, offer heartburn sufferers a highly portable solution to their problem.

According to brand manager Amanda Williams: "We know that Liquid Gaviscon users are very loyal, however on occasions people like to carry a more portable remedy with them. Our research shows that although people sometimes use tablets to fulfil this need, many sufferers prefer to have access to Liquid Gaviscon."

A box of 12 sachets retails at £2.89 and, as with Liquid Gaviscon, are only available in pharmacies, but their GSL licence means they can be displayed on self-selection. Reckitt & Colman Products. Tel: 01482 326151.

Once is enough with new Canesten

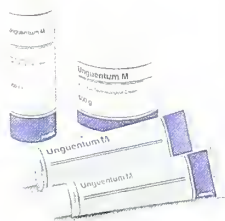
Bayer has launched Canesten Once, a pre-filled applicator of high strength (10 per cent) clotrimazole cream as a treatment for vaginal thrush and an alternative to the existing pessary format.

Canesten Once

(£7.49) replaces Canesten 10 per cent VC from May, with the latter reserved for prescriptions.

Bayer hopes to target thrush sufferers who inappropriately use Canesten 1 per cent cream as a treatment. Once is also expected to appeal to sufferers who prefer the soothing properties of a cream and by women who find pessary application uncomfortable.

A new pharmacy assistant training module has been written incorporating Canesten Once. Bayer Consumer Care. Tel: 01635 563000.



Dial M for Unguentum

Unguentum Merck is changing its name to Unguentum M but the formulation will remain unchanged.

The packs carrying the new name will be phased in gradually from April, and prescriptions for both names will be reimbursable. The name change follows the acquisition of the product by The Boots Company plc from E Merck Pharmaceuticals.

As was the case under the previous name, Unguentum M will be available in NHS prescription packs and the non-reimbursable OTC pack of 60g (rsp £5.25). Crookes Healthcare Ltd. Tel: 0115 953 9922.

Long lasting relief with new Nurofen

Crookes Healthcare is expanding its Nurofen range with two new products.

Nurofen Long Lasting promises 12 hour pain relief from a single dose. The sustained release formulation of ibuprofen is licensed for the effective relief of backache, dysmenorrhoea, migraine, headache, dental pain, non-serious arthritic and rheumatic pain, neuralgia and muscular pain.

The recommended dose for adults and children over 12 is one or two 300mg capsules, taken twice daily. The capsules should be taken together with water and swallowed whole. Patients should be advised not to take more than four capsules in 24 hours with at least eight hours between doses.

Nurofen Long Lasting, a P product, is available in packs of 12 or 24 capsules, retailing at £2.69 and £4.99 respectively.

Nurofen Muscular Pain Relief Gel (35g, £4.25) is a clear odourless gel containing 5 per cent (w/w) ibuprofen.

The gel is indicated for relief of pain and inflammation such as backache, rheumatic pains, muscular pains and sprains. A thin layer is applied over the affected area and massaged gently. This procedure should be repeated up to three times a day for no more than two weeks.

Both products will benefit from the £10m support package for Nurofen this year, which includes TV and press advertising. Crookes Healthcare. Tel: 0115 953 9922.

Fruity flavours for Dioralyte Relief

Rhône-Poulenc Rorer is extending its Dioralyte Relief range with the launch of new raspberry and blackcurrant flavours.

A colourful new pack design featuring cartoon characters has also been introduced for the range.

Dioralyte Relief sachets are available in packs of six (£3.40).

Consumer research by the company shows that children prefer the taste of raspberry and blackcurrant to the brand's original flavour. Rhône-Poulenc Rorer Ltd. Tel: 01732 584000.

Understanding sore throats

Crookes Healthcare is launching a Strepsils 'Understanding Sore Throats' campaign to help people assess sore throat symptoms and take effective action.

The initiative includes a new website www.strepsils.com, which allows the user to travel through the throat during the course of infection. Visitors can watch as an infection enters the throat and follow its progression as it causes symptoms.

A self-diagnostic tool and a throat pack have also been developed to identify sore throats in response to a number of diagnostic questions. The throat pack is a set of cards which describe the different kinds of sore throat, causes and relief. The self-diagnostic tool and throat pack can be obtained by writing to: Strepsils Understanding Sore Throats, 5th Floor, 5 Theobalds Road, London WC1X 8SH.

Dioralyte Relief RASPBERRY

Pleasant tasting new formula for the treatment of diarrhoea and dehydration

6 sachets



New look for Eurax

Novartis is introducing a new look for its Eurax range of GSL anti-itch products.

The Eurax creams (30g and 100g) and lotion (100ml) are now presented in new white packaging with blue and orange graphics.

The brand contains crotamiton and is a fast acting anti-pruritic. It is designed to work directly on the itch, giving soothing relief for up to ten hours.

The products are formulated to help provide relief from symptoms associated with dermatitis, dry eczema, allergic rashes, hives, nettle rashes, chickenpox, insect bites and stings, heat rashes, sunburn and personal itching.

The new packs will be supported by an advertising campaign in women's magazines and the national press. Novartis Consumer Health UK Ltd. Tel: 01403 210211.





New Palmer's reduces rough to the smooth

ET Browne UK is launching a new skincare product in its Palmer's Cocoa Butter range.

Palmer's Cocoa Butter Formula with Alpha/Beta Hydroxy & Vitamin E Moisturising Lotion (250ml, £3.75) is formulated to improve the overall appearance of the skin and to help reduce skin roughness.

The alpha hydroxy acids help to exfoliate the skin's surface by stimulating initial cell turnover. The beta hydroxy acids help maintain this action to provide longer-term benefits.

The alpha and beta hydroxy acids remove the dry, flaky skin, helping to rid skin of the excessive build up of dead cells that make it appear dull.

ET Browne UK Ltd.
Tel: 0181 554 7000.

Colgate to brighten whitening toothpaste sales

Colgate-Palmolive will be launching a new whitening toothpaste with a mainstream price in mid-April.

Colgate Whitening is formulated to offer whitening benefits and is targeted predominantly at

17-to-34-year-old women. It contains fluoride to protect against cavities and tartar.

With a price of £2.49 (100ml) and £1.49 (50ml), the product is positioned to drive everyday usage of whitening toothpastes.

Colgate-Palmolive expects the new toothpaste to broaden the appeal of the £25.9 million whitening market by attracting new users to the whitening concept.

The launch will be backed by a £1.6 million support package for the next year. A four week burst of advertising will break in mid-June.

● Colgate Oral Pharmaceuticals relaunching its FluoriGard Daily Rinse at the beginning of April. The move is part of an initiative to revitalise the company's entire specialist rinse range.

The rinse is the third of five products to be presented in new packaging. A 500ml clear PET bottle incorporates a handy measuring cap, a child-proof closure and clearer instructions. Colgate-Palmolive Ltd.
Tel: 01483 302222.

SB brushes up with Macleans range

SmithKline Beecham is relaunching its entire Macleans oral care range, giving it a cleaner, more modern look.

Premium toothpaste variants – Macleans Whitening, Total Clean, Total Sensitive, as well as the Macleans toothbrush – will have silver foil packaging.

The Mouth Guard variants have been relaunched as

Macleans Freshmint and Coolmint with '12 hour action' and Macleans Smoothmint 'alcohol free'.

The Macleans logo has been enlarged and redefined on all packs. SmithKline Beecham Consumer Healthcare UK.

Tel: 0181 560 5151.

Potter's branch out into skincare

Herbal medicine manufacturer Potter's is moving into the skincare business. The company is launching a range of four new products, two of which are licensed, under the Skin Clear name.

Potter's Skin Clear Lotion (100ml £3.15) contains witch hazel and tea tree oil and is a refreshing herbal lotion which acts as an astringent to treat and tone the skin. Skin Clear Medicated Soap (75g £1.45) produces a lightly medicated lather.

The two licensed products are Skin Clear Ointment (30g, £3.75) and Tablets (100, £6.75). The ointment, containing sulphur 5 per cent in a starch and zinc oxide base, is indicated for the relief of mild eczema and minor skin blemishes. The tablets contain echinacea equivalent to 300mg of the standardised root. Potter's (Herbal Supplies) Ltd.
Tel: 01942 405100.

Hands up for Nivea

New Nivea Hand Nourishing Hand Crème formulated to replenish lost moisture and maintain the skin's elasticity with daily use.

The product contains avocado oil for its moisturising and

softening benefits and vitamin E to protect against free radical activity and nourish the skin's structure.

The launch will be supported by an £800,000 advertising and promotional campaign.

A 100ml tube retails at £2.99. Beiersdorf UK Ltd.
Tel: 01908 211444.

Zi for yourself

Mentholatum Co Ltd is launching a new eyecare product made by its parent company Rohto in Japan.

Called Zi (7ml, £3.99), the product contains natural camphor to cool and refresh eyes. It is targeted at style conscious women with active lifestyles.

The launch will be supported by a £3 million advertising campaign in TV and women's press. Boehringer Ingelheim Ltd.
Tel: 01344 741160.



Holistic approach of Coty's Healing Garden

Coty promises to bring a holistic approach to fragrance with the launch of its new Healing Garden range.

Healing Garden, available in the US since late 1997, uses fragrance and aromas to enhance a general state of wellbeing. The brand incorporates a portfolio of bath, body and home products in four fragrances: Mandarin sensations for energy, Lavender sensations for relaxation, Jasmine sensations for sensuality and Green tea sensations for balance.

Products will include eau de toilette and



body spray, bath and shower products and a variety of home fragrances such as room spray, scented candles and aroma oils. Prices range from £1.75 for 5ml EDT to £10 for a starter kit of products.

The range is expected to appeal to 25-30+ women looking for pampering products or to people looking for presents. Gift ranges will be launched for Christmas and Mother's Day next year.

Coty is launching the range initially to independents before multiples and grocers. The range is being exclusively promoted as a stand-alone range to be merchandised in specially produced units.

Coty (UK) Ltd.
Tel: 0181 971 1300.

Caring for colour treated hair

L'Oréal is introducing a new Elvive shampoo and conditioner for coloured and highlighted hair.

L'Oréal Elvive UV Filter Revitalising Shampoo and Conditioner have been developed to help achieve longer-lasting, brighter colour.

The formulations include cationic polymers which carry positive electrical charges (sensitised, treated hair has an increased negative charge).

Retail prices are £2.39 for 200ml shampoo and conditioner and £2.99 for 300ml shampoo. L'Oréal.
Tel: 0171 937 5454.





Strawberry gel for milk teeth

SmithKline Beecham is introducing a new flavoured gel for milk teeth in its Macleans range.

Macleans Milk Teeth (50ml, £1.19) is a strawberry flavoured, sugar free, low fluoride gel. The product has British Dental Association (BDA) accreditation.

The launch will be supported by a £150,000 campaign in the parenting press from July to December, as well as involvement in the Bounty programme (which creates awareness among young mothers), nursery education packs and couponing through Health Education Authorities. The children's toothpaste market is growing at 6.5 per cent year on year and gel is the fastest growing segment. SmithKline Beecham Consumer Healthcare UK. Tel: 0181 560 5151.

New Vichy cream combines Retinol and vitamin C

Cosmetique Active has combined Retinol and vitamin C in a new Vichy Reti C cream. Vichy Reti C (30ml, £17.50) is seen as a technological breakthrough by the company because it combines pure retinol (vitamin A) and pure vitamin C in their stable and active forms. The product is formulated with retinol to stimulate the renewal process of epidermal cells and to help minimise the appearance of existing lines. The pure vitamin C in the cream is a

natural exfoliator and helps to leave the complexion natural and glowing. Known for its antioxidant action, the vitamin C also 'helps strengthen the skin against external aggressors'.

The manufacturer claims that visible results can be seen on the skin after 15 days of using the product.

The cream is non greasy and has a light fragrance. Cosmetique Active (UK) Ltd. Tel: 0171 361 6929.

Wipe and clean with Nivea Visage

Nivea Visage has introduced Soft Facial Cleansing Wipes to its skincare range.

The new wipes, impregnated with a soap-free emollient, can be used to remove make-up and cleanse the face without drying the skin.

The oils in the emulsion are capable of dissolving make-up, lipsticks and mascaras, including the new long-lasting, stay-on and waterproof formulations.

Available in packs of 25, the new wipes retail at £3.99. A resealable foil pack ensures that they won't dry out.

Beiersdorf developed the product to meet the needs of women who don't want to spend more than a few minutes on a cleansing regime, and for those who want the convenience of a multi-purpose product at the gym or when travelling. Smith & Nephew Consumer Products. Tel: 0121 327 4750.

Sabona kicks off with new pain relief aids

Sabona has teamed up with top footballer and chat show host Ian Wright to introduce two new versions of its natural pain relief products.

The Ian Wright Sabona Copper Bracelet (£7.50) is designed to ensure that the wearer receives the copper in

a gentle and safe way. Available in men's and women's sizes, it features a groove motif.

Sabona Muscle Reviving Oil (£6.95) is a blend of natural aromatic oils to soothe and relax fatigued joints and re-energise tired muscles. It contains sweet almond, jojoba, vitamin E, rosemary, verbena, peppermint, lavender, lemongrass and melissa. Dendron Ltd. Tel: 01923 229251.



RoC helps keep ageing at bay

Johnson & Johnson is launching a new anti-ageing product in its RoC skincare range.

RoC Chronoblock Prevention Active (40ml, £14.95) is said to block 98 per cent of premature skin ageing. It is formulated to block production of proteinases which degrade collagen and elastin in skin.

According to J&J, latest scientific research at the University of Michigan shows that the level of proteinase enzymes in the skin cells is the main trigger to the skin ageing process.

The product will initially be introduced exclusively through Boots. Johnson & Johnson. Tel: 01628 822222.

Fresh approach for Soft & Gentle

Colgate-Palmolive is updating its Soft & Gentle anti-perspirant deodorant range and launching two new fragrances in the aerosol format.

The aerosol variants are Soft Jasmine and Cool Breeze. Soft Jasmine is a floral,



feminine fragrance in lilac packaging designed to appeal to existing brand users. Cool Breeze is a fresh, citrus fragrance in a pale blue pack targeted at attracting new users. The Amber Mist variant will be discontinued. The aerosols retail at £1.99.

Soft & Gentle roll-ons are being relaunched with a new 'all day protection' formula. A '15 per cent drier performance' clinical proof statement appears on the back of the pack. Colgate-Palmolive (UK) Ltd. Tel: 01483 302222.

Active moisturisation with Aqua Source

Aqua Source is a new personal wash range which promises 'active moisturisation' of the skin all day long.

Launched under the Imperial Leather brand, Aqua Source bath and shower products have been designed to clean the skin effectively and at the same time moisturise the skin to help keep it soft and supple.

The unique moisturising system has a dual action. Some moisturisers are quickly absorbed by the skin while others bind with water and remain on the skin after a shower or bath.

The Aqua Source range consists of a Body Wash (250ml, £2.99); a Body Wash Puff Pack (£3.29); Foamburst Gel (200ml, £3.29), and Bath Soak (500ml, £2.79). Aqua Source has a clinically proven mild formulation, suitable

for all skin types with pH5.5 and a light fresh watery-floral fragrance.

A £5m television campaign, which breaks in June, will be complemented by a nationwide cinema advertising and a major press campaign featuring 2 million sample sachets. Cussons (UK) Ltd. Tel: 0161 491 8000

Healthy hearts and bones for the 50+

Seven Seas Health Care is introducing Healthy Heart Formula and Healthy Bones Formula to its Action Plan 50+ range, formulated for the senior sector.

Action Plan 50+ Healthy Heart Formula is a combination of vitamins and minerals to help maintain a healthy heart, circulation and cholesterol levels.

Action Plan 50+ Healthy Bones Formula maintains strong bones and teeth, a healthy immune system and general good health. Seven Seas Health Care Ltd. Tel: 01482 375234.





A £10m charge for Duracell Ultra range

Duracell is to spend £10 million promoting its extended and improved Ultra battery range.

The range is being extended from its initial two sizes (AA and AAA) to nine. New sizes are C, D, nine volt and lithium types 123, 223, 245 and CR2. The lithium Ultra batteries will replace existing sizes DL123A, DL223A, DL245, and DLCR2.

Duracell claims that new technology will boost the Ultra range's performance by 20 per cent when used in high drain appliances.

Repackaging aims to differentiate the range from other Duracell batteries. Shelf lives have been extended to seven years for alkaline batteries and ten for the lithium range.

The advertising campaign will run on national television and in the consumer press from June until December. Point of sale material is available including stands, wobblers and mobiles. Duracell (UK) Ltd. Tel: 01293 517527.

Own-label vitamin range for Vantage

AAH Pharmaceuticals is launching its own value for money range of vitamins and minerals.

The core Vantage vitamin and mineral supplement range was launched in mid-April and the range is likely to be extended later in the year.

Steve Dunn, AAH

marketing director, explained: "The range is being introduced to provide Vantage members with a structured and supported own-label brand and the opportunity to play a part in the growing VMS market."

Pharmacies will receive local marketing support including coupons and leaflets detailing the benefits of the different supplements in the range. AAH Pharmaceuticals Ltd.

Tel: 01203 432000.



Talk about new Bodyform packs

SCA is repackaging its Bodyform pantyliners and introducing a free BT Talktime promotion.

Packs now have a colour-coded stripe – red for Soft & Shaped pantyliners, green for Ultra Normal, and blue for Ultra Large. With both portrait and landscape facings, packs also feature an 'everyday freshness' logo.

The BT Talktime promotion is being advertised on 16 million of the new packs, as well as on 24

million Kleenex Velvet packs. Each pack has a ten minute Talktime token.

● Bodyform will have its own interactive UK web site from June. It will provide a meeting place for girls, contain games and competitions as well as being linked to an international site, which already has 1,500 registered users. The address is www.bodyform.co.uk. S C A Hygiene Products Ltd. Tel: 01322 303057.

New look for Dettol First Aid

Reckitt & Colman is repackaging its Dettol First Aid range.

Different uses for Dettol antiseptic pain relief spray are highlighted by more prominent illustrations.

The range includes Dettol liquid 125ml, antiseptic cream, and antiseptic pain relief spray. Reckitt & Colman Products.

Tel: 01482 326151.

Summer campaign for Diocalm Ultra

Seton Scholl Healthcare is supporting Diocalm Ultra with a £750,000 consumer advertising campaign.

Press advertising will run from June to September in high profile women's magazines such as *Marie Claire*, *She*, *Essentials*, *Good Housekeeping* and *Cosmopolitan*. A national radio campaign is also scheduled for this key summer period. New point of sale material



including a summer unit is available from sales representatives.

According to brand manager Jane Wragg: "Last year Diocalm Ultra saw a massive 35 per cent year on year growth which we hope will continue again this year. Seton Scholl Healthcare Tel: 0161 654 3000

Six of the best from Wahl

Wahl Europe is introducing a new range of six black hair brushes.

The range comprises a nylon fish bone vent brush, a nylon standard sized brush with removable cushion, a nylon large paddle brush and three heat retaining brushes in 20, 32 and 40mm sizes.

With the exception of the paddle brush, all the models have metal handles with a ribbed, textured finish to provide a firm and comfortable grip.

Brush handles have pierced ends so they can be hung up when not in use.

Retail prices range from £2.95 to £6.45. Wahl Europe Ltd. Tel: 01227 740066.



Mix and max with Multipack Tampax

Procter & Gamble has launched a mixed pack of tampon absorbencies in its Tampax.

Tampax Multipack contains a selection of the most popular tampon absorbencies – 14 Regular and 12 Super applicator tampons – plus four new Tampax Lites tampons. Lites are suitable for the very end of the period when the flow is minimal and sometimes patchy.

Although women recognise that different tampon absorbencies meet the needs of particular days, P&G research shows that 66 per cent of tampon users use only one absorbency because of the inconvenience and expense of buying more than one pack.

Retail price will be around £3.29 (30). Procter & Gamble UK. Tel: 0191 279 0000.



Braun sends baby food into a whiz

Braun is launching a new hand blender set to help parents prepare fresh baby foods at home.

The Braun MR 440 HC Multiquick Baby Set (£29.99) centres around the Braun 250W Multiquick handblender which purees food to a smooth consistency.

Included in the set is a small chopper attachment for small quantities and two milk stirrers for lump-free formula milk. Braun (UK) Ltd. Tel: 0870 6085555.

Verity



Spring has brought a flurry of activity to our shop this year. We have just stocked up with all the antihistamine preparations ready for the annual onslaught of hay fever sufferers. To add to all the hustle and bustle, one of our pharmacy assistants is getting married and we've all been invited to the wedding, so that's something we're all looking forward to.

To be honest, I think we could all do with a little light relief at the moment as our pharmacist has been away and we have had a succession of locums. All were fine, but when they only stay for a day or two this can cause problems. Daily routines slow down as they become familiar with our computer, shop layout and protocols. They don't know our customers and this puts the staff under a lot of pressure.

On top of this I have had some strange and difficult dealings with unpredictable customers. One woman came into the shop shouting and swearing at me. She said she had signed a form the day before and didn't know what she had signed. I told her it was only a refund form for the goods she had returned. The tirade continued so we gave her the form to read and she was eventually reassured. Another woman returned to our shop after buying some incontinent pads for her very elderly mother saying that I had charged her the wrong amount. She produced a receipt but it wasn't ours! She eventually found our receipt which was correct, and she became terribly embarrassed, telling us that she was at the end of her tether caring for her confused mother.

More recently, I found myself in a very odd situation. A gentleman who is a regular, chatty customer came into the shop dressed from head to toe as a woman. At first I didn't recognise him, but as I handed him his prescription, his familiar features seemed to jump out at me. Normally I can control my reactions, but on this occasion I was flabbergasted, my jaw dropped in amazement. I just gaped! He thought my reaction was really funny, turned on his high heel and left the shop.

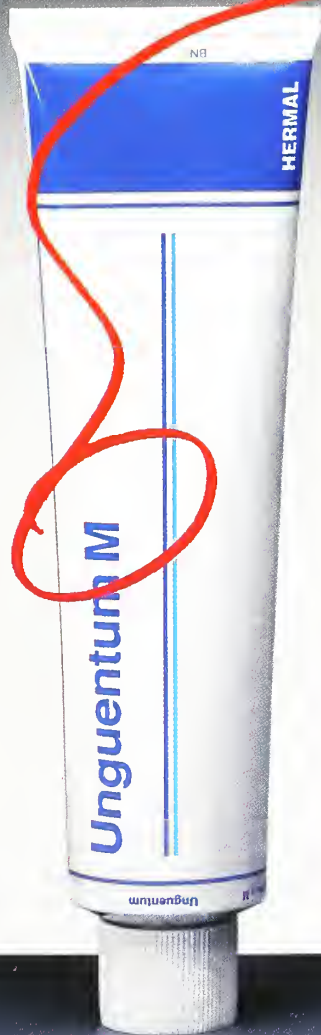
They say spring is the silly season but I'm not sure who is the silliest, our customers or me. At least no two days are the same when you're dealing with the public.

MEANWHILE...

BY BAM !



This we change



The same hydrating efficacy of an ointment, with the same patient acceptability of a cream

The same steroid-sparing action¹

The same clinically proven relief from problematic dry skin conditions



This we don't

Unguentum M. Unguentum M is a stable emulsion system with a uniform distribution of fat and water (ambiphilic), thus it combines the properties of (a) an oil in water emulsion (cream) and (b) a water in oil emulsion (ointment), for use on dry or weeping conditions of the skin. Contains: Lipoid component about 60%. White soft paraffin, cetostearyl alcohol, polysorbate 40, propylene glycol, glycerol monostearate 40-50, liquid paraffin, medium-chain triglycerides, sorbic acid, colloidal anhydrous silica, sodium hydroxide. Water content about 40%.

Uses: Unguentum M has emollient properties and is recommended for the symptomatic relief of dermatitis, nappy rash, ichthyosis, eczema, protection of raw and abraded skin areas, pruritus and where dry scaly skin is a problem, and as a pre-bathing emollient for dry/eczematous skin, to alleviate drying effects. It is also used as a diluent when a lower strength steroid preparation is required.

Dosage and Administration: A thin application of the cream should be gently massaged into the skin three times daily or at appropriate intervals. When used as a protective cream Unguentum M should be applied sparingly to the affected areas of the skin before, or immediately after, exposure to a potentially harmful factor. **Contra-indications, warnings, etc.:** Unguentum M should not be used for the treatment of patients sensitive to any of the ingredients. **Legal Category:** GSL. **Package Quantities:** Tubes of 50g, 100g. Jars of 500g. Dispenser 200ml. **Product Licence Number:** 00327/0015.

Product Licence Holder: Crookes Healthcare Ltd, Nottingham, NG2 3AA. **Basic NHS cost:** 50g £1.59, 100g £3.13, 500g £9.55, 200g dispenser £6.19. **Date of preparation:** March 1999. **Reference:** 1. Mahrle G. Wemmer U. Matthies C.: *Optimised intermittent topical treatment of eczema with fluprednidene*. H&G 1989; 64(9): 766-74.



Unguentum M

Ambiphilic dermatological cream

Simply effective emollient therapy